

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081249

FILED
Mar 04, 2009
Secretary of State

Entity Name: THOMAS HODGES SPECIALTIES, LLC

Current Principal Place of Business:

4591 NE 132ND COURT
WILLISTON, FL 326966033 US

New Principal Place of Business:

Current Mailing Address:

4591 NE 132ND COURT
WILLISTON, FL 326966033 US

New Mailing Address:

FEI Number: 61-1507486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HODGES, THOMAS
Address: 2325 SE 46TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: MGRM () Delete
Name: HODGES, ARMANTINE
Address: 4591 NE 132ND COURT
City-St-Zip: WILLISTON, FL 326966033

Title: MGRM () Delete
Name: ROBINSON, LECA
Address: 4593 NE 132ND COURT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARMANTINE HODGES

MGRM

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date