

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000081249

**FILED**  
**Apr 16, 2011**  
**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  
**Name:** HODGES, THOMAS  
**Address:** 2325 SE 46TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32641

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

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

I hereby 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

04/16/2011

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