2008 LIMITED LIABILITY COMPANY

FILED Apr 18, 2008 8:00 am Secretary of State

DOCUMENT # L06000085093					04-18-2008 90154 045 ***138.75				
1. Entity Nam HUDSON	HOUSE, LLC								
Principal Plac	e of Business	Mailing Address					E 0.	00455	.
84 OCHLOCKONEE STREET CRAWFORDVILLE, FL 32327		P.O. BOX 610 Crawfordville, FL 32326				יטנ	00300		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008	Chg-LLC	CR2E0	83 (12/06)		
City & Stat	е	City & State			4. FEI Numbe	r PLICABLE		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Countr	ry		of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered /	Agent	
DODSON	WALTER C			Name					
2932 CRA	WFORDVILLE HIGHWAY RDVILLE, FL 32327			Street Address	(P.O. Box Numbe	r is Not Acceptable	э)		
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,				City			FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered	d office or registe	ered agent, or bott	n, in the State of Flo	orida. I am	familiar with,	, and accept
31 31 4	*								
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE		
SIGNATURE	<u> </u>	and title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating)		254 4 1 1 2 2		
SIGNATURE	Signature, typed or printed name of registered agent NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		Registered	Agent signature require	ed when reinstating)		e check p	1	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: WALLELY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE WALTER C. DODSON, JR. APRIL 16, 2008 850-926-7111 Date Daytime Phone #