

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90345 029 ****50.00

DOCUMENT # L06000097984

1. Entity Name
JOHN HOVEY LLC



Principal Place of Business
**284 PORT AUGUSTINE CIRCLE
APT 102
OCOE, FL 34761**

Mailing Address
**284 PORT AUGUSTINE CIRCLE
APT 102
OCOE, FL 34761**

60036896



03292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
5105 GOWENRON PLAK ROAD

3. Mailing Address
5105 GOWENRON PLAK RD.

City & State
WINTER PARK, FL

City & State
WINTER PARK FL

4. FEI Number
20-5679742

Applied For
☐ Not Applicable

Zip
32792

Country
SEMIENOLE

Zip
32792

Country
SEMIENOLE

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOVEY, JOHN
284 PORT AUGUSTINE CIRCLE
APT 102
OCOE, FL 34761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOVEY, JOHN
284 PORT AUGUSTINE CIRCLE #102
OCOE, FL 34761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/07