

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90024 050 ***138.75

DOCUMENT # L06000099803

1. Entity Name
HTC HOLDINGS, LLC



Principal Place of Business
5203 S.W. 91ST TERRACE, STE E
GAINESVILLE, FL 32608

Mailing Address
5203 S.W. 91ST TERRACE, STE E
GAINESVILLE, FL 32608

60009351



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5725603

Applied For
Not Applicable

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

ROBERTSON, CRAIG A
5203 S.W. 91ST TERRACE, STE E
GAINESVILLE, FL 32608

Name Robert P. Butts, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Fisher, Butts, Sechrest & Warner, P.A.
5200 Sw 91 Terrace, Suite 101
City Gainesville FL Zip Code 32608

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROBERTSON, CRAIG A
STREET ADDRESS 5203 SW 91ST TERRACE STE E
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGRM ☐ Delete
NAME BUTTS, ROBERT P
STREET ADDRESS 5200 SW 91ST TERRACE STE 101
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGRM ☐ Delete
NAME SECHREST, MICHAEL D
STREET ADDRESS 5200 SW 91ST TERRACE STE 101
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGRM ☐ Delete
NAME WARNER, D M
STREET ADDRESS 5200 SW 91ST TERRACE STE 101
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE MGRM ☐ Delete
NAME THOMAS, GARY
STREET ADDRESS 6003 NW 112 PLACE
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME Sechrest, michael D.
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 #

2/19/2008

(352)
373-5922