

## 04-04-2007 90037 012 \*\*\*\*50.00

DOCUMENT # L06000101918

1. Entity Name  
HUPP RETAIL GULF, LLC



Principal Place of Business  
907 S. FT. HARRISON AVE., SUITE 102  
CLEARWATER, FL 33756

Mailing Address  
907 S. FT. HARRISON AVE., SUITE 102  
CLEARWATER, FL 33756

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

03302007Chg-LLCCR2E083 (12/06)



4. FEI Number  
74-3194538

Applied For  
Not Applicable

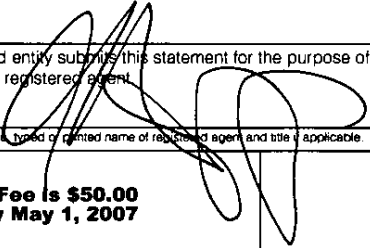
5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HUPP, ANDREW  
907 S. FT. HARRISON AVE., SUITE 102  
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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

Andrew J. Hupp Mgr 4/1/07  
(NOTE: Registered Agent signature is required when re-designating)DATE

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

Make check payable to  
Florida Department of State

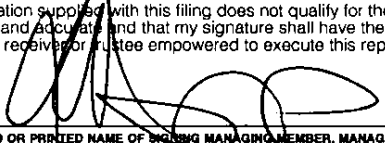
9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUPP, ANDREW 907 S. FT. HARRISON AVE., SUITE 102 CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Andrew J. Hupp, Mgr 4/1/07 (727) 210-1900  
DateDaytime Phone #