

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006906

Entity Name: HYDRO74, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

735 SILVER CLOUD CIRCLE #103
LAKE MARY, FL 32746

New Principal Place of Business:

5855 GREAT EGRET DR
SANFORD, FL 32773

Current Mailing Address:

735 SILVER CLOUD CIRCLE #103
LAKE MARY, FL 32746

New Mailing Address:

5855 GREAT EGRET DR
SANFORD, FL 32773

FEI Number: 20-8275773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 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 () Delete
Name: SMITH, JOSHUA
Address: 735 SILVER CLOUD CIRCLE #103
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: SMITH, LETA
Address: 735 SILVER CLOUD CIRCLE #103
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, JOSHUA
Address: 5855 GREAT EGRET DR
City-St-Zip: SANFORD, FL 32773

Title: MGRM (X) Change () Addition
Name: SMITH, LETA
Address: 5855 GREAT EGRET DR
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LETA SMITH

MGRM

04/30/2008

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