FILED
Mar 13, 2008 8:00 am
Secretary of State
02-07-2008 90086 027 ***138.75

30002096

01292008 Chg-LLC CR2E083 (12/06)

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L07000016973

1. Entity Name
HARTFORD LLC

Principal Place of Business
~~118 PARK LANE S.E.~~
WINTER HAVEN, FL 33884

Mailing Address
~~118 PARK LANE S.E.~~
WINTER HAVEN, FL 33884

2. Principal Place of Business - No P.O. Box #
2107 Edgewater Circle
Suite, Apt. #, etc.
City & State: Winter Haven Fla 3
Zip: 33880 Country: Polk

3. Mailing Address
2107 Edgewater Circle
Suite, Apt. #, etc.
City & State: Winter Haven, Florida
Zip: 33880 Country: Polk

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CASEY, ALLAN L
395 AVENUE C, N.W.
WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent
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 resigning) 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		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	REITER, ALDA LEE	NAME	
STREET ADDRESS	118 PARK LANE S.E.	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	MGRM ☐ Change ☒ Addition
NAME		NAME	Allen R Reiter
STREET ADDRESS		STREET ADDRESS	2107 Edgewater Circle
CITY-ST-ZIP		CITY-ST-ZIP	Winter Haven, Fla 33880
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: X Allen R Reiter 2/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #