

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019024

Entity Name: HOOD PROPERTIES, LLC

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

514 SW 2ND AVE.  
OCALA, FL 34474

**New Principal Place of Business:**

514 SW 2ND AVE.  
OCALA, FL 34471

**Current Mailing Address:**

514 SW 2ND AVE.  
OCALA, FL 34474

**New Mailing Address:**

514 SW 2ND AVE.  
OCALA, FL 34471

FEI Number: 20-8464214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOD, TERREL  
514 SW 2ND AVE.  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

HOOD, TERREL  
514 SW 2ND AVE.  
OCALA, FL 34471 US

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: TERREL HOOD

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOOD, TERREL  
Address: 514 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: HOOD, KIM  
Address: 514 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: HOOD, RYAN  
Address: 514 SW 2ND AVE.  
City-St-Zip: OCALA, FL 34471

I hereby 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: TERREL HOOD

PRES

04/12/2011

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