

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000025956

1. Entity Name
HUEL ENTERPRISES, LLC



Principal Place of Business
1908 U.S. HWY 19
HOLIDAY, FL 34691-5539

Mailing Address
1908 U.S. HWY 19
HOLIDAY, FL 34691-5539



04152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0952356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUND, ROBERT J
1908 U.S. HWY 19
HUDSON, FL 34688

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

April 26, 2008

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LUND, ROBERT J
STREET ADDRESS	1908 U.S. HWY 19
CITY- ST- ZIP	HOLIDAY, FL 34688
TITLE	MGRM
NAME	HUEBNER, DAVID E
STREET ADDRESS	20466 COUNTRY LAKE BLVD
CITY- ST- ZIP	NOBLESVILLE, IN 46060

000000932294
05/22/08-80049-013 138.75

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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, OR AUTHORIZED REPRESENTATIVE

April 26, 2008 (727) 943-9357

Date

Daytime Phone #