


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2/2008-90018-031-\$143.75-\$143.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:02

DOCUMENT # L07000029261					
1. Entity Name HOT PURSUIT FLORIDA LLC					
Principal Place of Business 3959 VAN DYKE RD #171 ZEPHYRHILLS, FL 33542 LUTZ, FL 33558			Mailing Address 3959 VAN DYKE RD #171 ZEPHYRHILLS, FL 33542 LUTZ, FL 33558		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, GUY TRAVIS II 5729 19TH ST ZEPHYRHILLS, FL 33542				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILSON, LINDA 3959 VAN DYKE RD #171 ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Linda Wilson</u>			Date: <u>4/28/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		

L. Wilson 5/27/08