## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** 03-24-2008 90239 018 \*\*\*138.75 DOCUMENT # L07000046900 1. Entity Name SPRING HILL HOLDINGS, LLC ZCOOTON Principal Place of Business Mailing Address 152 WHITAKER ROAD P.O. BOX 1530 LUTZ, FL 33549 LUTZ, FL 33548 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-8977544 Not Applicable Country Country \$5.00 "Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRITT, JAMES D Street Address (P.O. Box Number is Not Acceptable) 152 WHITAKER ROAD LUTZ, FL 33549 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 🦮 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MER CEO TITLE ☐ Delete TITLE Change Addition JAMES D BRITT NAME NAME 2109 BAYSHORE BLUD PHI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 TITLE ☐ Delete CFO ☐ Change Addition GARY SARABIA NAME NAME KAYAIC COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33559 TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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.

GARY SARAGIA

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

3/10/08

813-948-8157

Daytime Phone #

FILED Mar 24, 2008 8:00 am