2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Aug 28, 2008 8:00 am Secretary of State DOCUMENT # L07000061629 1. Entity Name 08-28-2008 90039 017 ***138.75 HILARY WALLIS, LLC Principal Place of Business Mailing Address 4210 BREEZEWAY BLVD., UNIT 427 4210 BREEZEWAY BLVD., UNIT 427 SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/08) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTIAGO, VICTOR G ESQ. 1819 MAIN STREET, STE. 610 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 FILE NOW!!! FEE IS \$538.75 late fee. By checking this box, the limited liability Make Check Payable to Florida Department of State company certifies it did not receive prior notice. Fee to Due By September 3, 2008 file is \$138.75 1 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME WALLIS, HILARY NAME STREET ADDRESS 4210 BREEZEWAY BLVD., UNIT 427 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY - ST - ZIP TITLE Delete THE ☐ Channe ■ 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 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Addition Change 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. Thereby 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

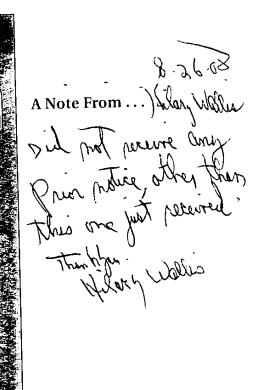
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

ATTACHMENT 50009711 # 607000061629



This notepad is AARP's gift to you.