FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90121 007 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000063806

1. Entity Name
HORNET GROUP, LLC

60002848

01172008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
9833 SW 59TH CIRCLE OCALA, FL 34476	9833 SW 59TH CIRCLE OCALA, FL 34476

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		492 Kimberly Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Melbourne	
Zip	Country	Zip: FL 32940	Country

4. FEI Number: 26-0388419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHIAS, ALBERT C JR
9833 SW 59TH CIRCLE
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name: Marlene M. Couch
Street Address (P.O. Box Number is Not Acceptable): 492 Kimberly Dr
City: Melbourne FL Zip Code: 32940

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: Marlene M. Couch DATE: Jan 17, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	MATHIAS, ALBERT C JR	
STREET ADDRESS	9833 SW 59TH CIRCLE	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR/V	☒ Change ☐ Addition
NAME	Mathias, Albert C. Jr.	
STREET ADDRESS	9833 SW 59th Circle	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE	MGR/P/S/T	☐ Change ☒ Addition
NAME	Marlene M. Couch	
STREET ADDRESS	492 Kimberly Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Marlene M Couch Jan 17, 2008 (321) 254-7338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #