


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State


09-10-2008 90031 038 ***138.75

DOCUMENT # L07000098212	
1. Entity Name HOBSON COMPANY, LLC	

Principal Place of Business 820 W. CHARING CROSS CIRCLE LAKE MARY, FL 32746	Mailing Address 820 W. CHARING CROSS CIRCLE LAKE MARY, FL 32746
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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	Country

00010000



07162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0647948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HOBSON, ELIZABETH 820 W. CHARING CROSS CIRCLE LAKE MARY, FL 32746	

7. Name and Address of New Registered Agent	
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 *Elizabeth Hobson* DATE **9-5-08**

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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Elizabeth Hobson 820 W. Charing Cross Circle Lake Mary, FL 32746 <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: *Elizabeth Hobson* **9-5-08 321-422-5245**

SIGNATURE (AND TYPE) OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #