

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000112363

1. Entity Name-
HEXAM DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 AM 11:48

Principal Place of Business
2138 PALM HARBOR BLVD., SUITE B
PALM HARBOR, FL 34683

Mailing Address
P.O. BOX 612
PALM HARBOR, FL 34682

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

09082008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, ROBERT C JR.
412 E. TARPON AVENUE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name Michael Cavalari's

Street Address (P.O. Box Number is Not Acceptable)

2138 Palm Harbor Blvd Suite B

City Palm Harbor

FL 34683

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

M. C.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/29/08

DATE

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME Robert C Burke Jr ☒ Delete
STREET ADDRESS 412 E Tarpon Ave
CITY-ST-ZIP Tarpon Springs FL 34689

TITLE
NAME President ☐ Delete
STREET ADDRESS Michael Cavalari's
CITY-ST-ZIP 2138 Palm Harbor Blvd B
Palm Harbor FL 34683

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 300136578353 ☐ Change ☐ Addition
STREET ADDRESS 10/02/08--01040--006 ☐ Change ☐ Addition
CITY-ST-ZIP **138.75

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

W. C. Towns

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

09/08/2008

Date

7277890600

Daytime Phone #

REINSTATEMENT 2008