

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000122991

1. Entity Name
HIBISCUS COURTYARD APARTMENTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 11 PM 2:46

Principal Place of Business
119-125.5 HIBISCUS CT
ORLANDO, FL 32801 US

Mailing Address
206 QUAYSIDE CIRCLE
103
MAITLAND, FL 32751 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122010 Chg-LLC CR2E083 (11/08)

City & State

City & State

4. FEI Number
26-1741464

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKS, CHARLES W
206 QUAYSIDE CIRCLE
UNIT 103
MAITLAND, FL 32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HAWKS, CHARLES W
206 QUAYSIDE CIRCLE UNIT 103
ORLANDO, FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM John L. Nuccitelli
1718 Brenda Lee Ct.
Orlando, FL 32805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
700182014377
06/14/10--01002--010 **138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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

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:

Charles W. Hawks

6-7-2010 331 303-8542

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

Date

Daytime Phone #

JUN 11 2010