

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003723

FILED
Jan 05, 2009
Secretary of State

Entity Name: R. HUDSON ENTERPRISES, LLC

Current Principal Place of Business:

503 LF ROPER PARKWAY
OCOE, FL 34761

New Principal Place of Business:

7320 STATE ROAD 50
GROVELAND, FL 34736

Current Mailing Address:

5339 W. LAKE BUTLER ROAD
WINDEMERE, FL 34786

New Mailing Address:

FEI Number: 20-0449119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, JAMES J
3203 S. CONWAY ROAD, SUITE 106
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

ROBERT, HUDSON L JR
5339 W LAKE BUTLER RD
WINDERMERE, FL 34786 US

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.

SIGNATURE: ROBERT HUDSON JR

01/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HUDSON, ROBERT L JR.
Address: 503 LF ROPER PARKWAY
City-St-Zip: OCOEE, FL 34761

Title: MGR () Delete
Name: HUDSON, KATHRYN D
Address: 503 LF ROPER PARKWAY
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUDSON, ROBERT L JR.
Address: 7320 STATE ROAD 50
City-St-Zip: GROVELAND, FL 34736

Title: MGR (X) Change () Addition
Name: HUDSON, KATHRYN D
Address: 7320 STATE ROAD 50
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT HUDSON JR

MGR

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date