

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009811

FILED
Jan 23, 2009
Secretary of State

Entity Name: HILLSBOROUGH FINANCIAL SERVICES LLC

Current Principal Place of Business:

1507 S. ALEXANDER ST.
103
PLANT CITY, FL 33563 US

Current Mailing Address:

1507 S. ALEXANDER ST.
103
PLANT CITY, FL 33563 US

FEI Number: 26-1879122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1605 S ALEXANDER ST
102
PLANT CITY, FL 33563 US

New Mailing Address:

1605 S ALEXANDER ST
102
PLANT CITY, FL 33563 US

Name and Address of Current Registered Agent:

DAVIS, AARON M
4520 STONE WALL LN
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIS, AARON M
Address: 4520 STONE WALL LN
City-St-Zip: PLANT CITY, FL 33567 US

Title: MGR () Delete
Name: CALHOUN, LINDA G
Address: P.O. BOX 3566
City-St-Zip: PLANT CITY, FL 33563 US

Title: MGR (X) Delete
Name: DAVIS, NATHAN D
Address: 1912 CARRIAGE CT
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, AARON M
Address: 4520 STONE WALL LN
City-St-Zip: PLANT CITY, FL 33567 US

Title: MGR (X) Change () Addition
Name: DAVIS, NATHAN D
Address: 1912 CARRIAGE CT
City-St-Zip: PLANT CITY, FL 33566 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AARON M DAVIS

MGRM

01/23/2009

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