

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051744

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HIDES, LLC

## Current Principal Place of Business:

1329 SW DYER POINT ROAD  
PALM CITY, FL 34990 US

## New Principal Place of Business:

537 SE CENTRAL PARKWAY  
STUART, FL 34994 US

## Current Mailing Address:

1329 SW DYER POINT ROAD  
PALM CITY, FL 34990 US

## New Mailing Address:

537 SE CENTRAL PARKWAY  
STUART, FL 34994 US

FEI Number: 26-2680875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAROTHERS, BARRY D  
4400 PGA BOULEVARD  
SUITE 800  
PALM BEACH GARDENS, FL 33410 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: MGRM ( ) Delete  
Name: CAROTHERS, BARRY D  
Address: 1329 SW DYER POINT ROAD  
City-St-Zip: PALM CITY, FL 34990 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CAROTHERS, BARRY D  
Address: 4400 PGA BOULEVARD, SUITE 800  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR ( ) Change (X) Addition  
Name: CAROTHERS, KAREN  
Address: 537 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

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: BARRY CAROTHERS, ESQUIRE

MGRM

04/13/2009

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