

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064401

FILED
Mar 20, 2009
Secretary of State

Entity Name: HARDCAPES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

16169 SE 36TH AVE.
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

16169 SE 36TH AVE.
SUMMERFIELD, FL 34491

New Mailing Address:

P.O. BOX 4030
BELLEVIEW, FL 34421

FEI Number: 26-2999422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERT J. VIDAL, P.A.
421 S. PINE AVENUE
OCALA, FL 34471 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: HESS, BENJAMAN
Address: 16169 SE 36TH AVE.
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES:

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: BENJAMAN HESS

MGR

03/20/2009

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