

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102924

Entity Name: HOF MASONRY, LLC

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

25231 SW 15TH AVE.
NEWBERRY, FL 32669

New Principal Place of Business:

6244 SW 234TH ST.
NEWBERRY, FL 32669

Current Mailing Address:

P.O. BOX 161
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 26-3664950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOF, JOHN D
25231 SW 15TH AVE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

HOF, JOHN D
6244 SW 234TH ST.
NEWBERRY, FL 32669 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: JOHN D. HOF

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOF, JOHN D
Address: 25231 SW 15TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM () Delete
Name: HOF, CELESTE G
Address: 25231 SW 15TH AVE.
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOF, JOHN D
Address: 6244 SW 234TH ST.
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM (X) Change () Addition
Name: HOF, CELESTE G
Address: 6244 SW 234TH ST.
City-St-Zip: NEWBERRY, FL 32669 US

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: JOHN D. HOF

MGRM

06/29/2009

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