

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091861

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** THE HOLLISTER GROUP, LLC

**Current Principal Place of Business:**

7232 RIVERVIEW ST.  
NAVARRE, FL 32566

**New Principal Place of Business:**

8970 WINGED FOOT DR  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

7232 RIVERVIEW ST.  
NAVARRE, FL 32566

**New Mailing Address:**

8970 WINGED FOOT DR  
TALLAHASSEE, FL 32312

**FEI Number:** 27-1032208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA, FL 32333 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  
**Name:** HOLLISTER, LAWRENCE  
**Address:** 8970 WINGED FOOT DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** MGRM  
**Name:** HOLLISTER, JUDY  
**Address:** 8970 WINGED FOOT DR  
**City-St-Zip:** TALLAHASSEE, FL 32312

I hereby 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:** LAWRENCE HOLLISTER

MGRM

02/26/2010

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