

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # L94000000134

1. Entity Name
HIDDEN CREEK VALLEY L.C.



Principal Place of Business

**19339 S.W. HIDDEN CREEK RD.
BLOUNTSTOWN, FL 32424**

Mailing Address

**14962 BONAIRE CIR.
FT. MYERS, FL 33908**



03312005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3229829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BASSINE, ANNE T
14962 BONAIRE CIRCLE
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BASSINE, ANNE T
14962 BONAIRE CIR
FT MYERS, FL 33908**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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04/15/05-20096-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-05-2394P2
6659