

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

99 OCT 11 PM 1:45

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000251

Hildalgo Trading Company, L.C.
830-13 State Rd A1A N #201
Ponte Vedra Beach, FL 32082

1a. Principal Place of Business Address

2 Principal Place of Business

same

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

P.O. Box 721412

Suite, Apt. #, etc.

City & State

NORMAN, OK

Zip

73070-8088

Country

3. Date Organized or Qualified

1/1/96

3a. State of Formation

Florida

4. FEI Number

59-3358181

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1-7-98

6. Certificate of Status Desired

See 75 A.111 for Fee Required

7. Name and Address of Current Registered Agent

Paul A. Kruger
830-13 State Rd. A1A N # 201
Ponte Verdra Beach, FL 32082

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.606, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM
#

Paul A. Kruger

830-13 State Rd. A1A
#201

Ponte Verdra Beach,
FL.

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***188.75 ***188.75

9/21/99

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

465-340-5047