

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 26 AM 1:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003170**

HUXTED, L.L.C.  
3208 17 STREET EAST  
PALMETTO FL 34221

94-AR  
CM

1a. Principal Place of Business Address

3208 17 STREET EAST  
PALMETTO FL 34221

2. Principal Place of Business  
Same as Above

2a. Mailing Address  
Same as Above

3. Date Organized or Qualified  
12/14/1998

3a. State of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

65-0887103

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

BLALOCK, LANDERS, WALTERS & VOGLER, P  
802-11TH STREET WEST  
BRADENTON FL 34205

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 608.508, 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

DATE

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HUXTED, DWAYNE R	3208 17 STREET EAST	PALMETTO FL
MGR	HUXTED, RUTH	3208 17 STREET EAST	PALMETTO FL
MGR	HUXTED, KIMBERLY	3208 17 STREET EAST	PALMETTO FL

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-05/07/99--01018--017  
\*\*\*\*188.75 \*\*\*\*188.75

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 #

INHSE10 R (12-98)

City		FL	Zip Code
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