

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000000559

1. Entity Name
HOPS OF BALTIMORE COUNTY, LLC



Principal Place of Business
**HANCOCK @ WASHINGTON
MADISON, GA 30650**

Mailing Address
**HANCOCK @ WASHINGTON
MADISON, GA 30650**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3558578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
**P
BLOCHER, MITCHELL S
HANCOCK @ WASHINGTON
MADISON, GA 30650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
LIGON, TIMOTHY R
HANCOCK AT WASHINGTON
MADISON, GA 30650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, PERCY
HANCOCK AT WASHINGTON
MADISON, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300053861383
05/05/05--01008--005 **30.00

300053861383
05/05/05--01008--006 **30.00

**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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #