

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002504

1. Entity Name

HOC HOANG CONSULTING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 29 AM 10: 02

Principal Place of Business

5907 BUTTON QUAIL CT
TAMPA FL 33624

Mailing Address

5907 BUTTON QUAIL CT
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3572036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOANG, HOC H
5907 BUTTON QUAIL CT
TAMPA FL 33624

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
HOANG, HOC H
5907 BUTTON QUAIL CT
TAMPA FL

☐ Delete

TITLE
NAME
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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 MANAGER
HOC H. HOANG 8/14/2000 813.525.3411

Date

Daytime Phone #

CR20083 (5/00)