

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90085 017 ****50.00

DOCUMENT # M00000000090

1. Entity Name

THE HART FAMILY, L.L.C.



Principal Place of Business

5526 JAMSON RD.
RICHMOND VA 23234

Mailing Address

5526 JAMSON RD.
RICHMOND VA 23234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2034329

Applied For

Not Applicable

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

BOYETTE, WADE
1380 GRAND HWY, STE 200
CLERMONT FL 34711

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. 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HART, HERBERT C
STREET ADDRESS 5526 JAMSON RD.
CITY-ST-ZIP RICHMOND VA 23234

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HART, JAN C
STREET ADDRESS 27876 AUTUMN WOOD CIRCLE
CITY-ST-ZIP LOXLEY AL 36551

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HART, JULIE M
STREET ADDRESS 333 JONATHAN ROAD
CITY-ST-ZIP LINDEN VA 27642

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Herbert C. Hart

Date

804/275-5862

Daytime Phone #