

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00
Secretary of State

DOCUMENT # M00000000956

1. Entity Name
HCTCO, LLC



Principal Place of Business

1172 SEAGULL PARK RD.
WEST PALM BEACH, FL 33411

Mailing Address

1172 SEAGULL PARK RD.
WEST PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
91-2031250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUTTLE, JASON
390 BUSINESS PARK WAY
K-1
ROYAL PALM BEACH, FL 33411

**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, 2004**

U000000146331
05/03/04-80058-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
TUTTLE, J
390 BUSINESS PARK WAY, K-1
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TUTTLE, H
390 BUSINESS PARK WAY, K-1
ROYAL PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4. 27. 2004 561 333 1930