

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001947

1. Entity Name
HOBBS GROUP INSURANCE BROKERS, LLC



Principal Place of Business
4401 NORTHSIDE PARKWAY, STE. 560
ATLANTA, GA 30327

Mailing Address
4401 NORTHSIDE PARKWAY, STE. 560
ATLANTA, GA 30327

FILED

2004 MAY -5 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
06-1495303

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DONOVAN, DANIEL J
STREET ADDRESS 4401 NORTHSIDE PARKWAY, STE. 560
CITY-ST-ZIP ATLANTA, GA 30327

TITLE MGR
NAME SMITH, WALTER L
STREET ADDRESS 4401 NORTHSIDE PARKWAY, STE. 560
CITY-ST-ZIP ATLANTA, GA 30327

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500035361045

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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 AUTHORIZED REPRESENTATIVE

4/28/04

Date

804 747-3175

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603772 7343508

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 12:0 PM

ORDER NO. : 603772-005

CUSTOMER NO: 7343508

CUSTOMER: Mr. William Seroll
Mr. William Seroll
31 Cedar Street

Hingham, MA 02043

ANNUAL REPORT FILING

NAME: EASY LIVING REALTY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
04 APR 30 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA