

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 008 ****50.00

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1. Entity Name
HILL FOLEY ROSSI & ASSOCIATES, LLC



Principal Place of Business
**3525 MALL BOULEVARD
SUITE 6A
DULUTH, GA 30096 US**

Mailing Address
**3525 MALL BOULEVARD
SUITE 6A
DULUTH, GA 30096 US**

60022569



02042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2485316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, CLARENCE B
182 175TH TERRACE DR. EAST
REDINGTON SHORES, FL 33708**

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HILL, JEFFREY T
3525 MALL BLVD
DULUTH, GA 30096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FOLEY, PATRICK R
3525 MALL BLVD
DULUTH, GA 30096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSSI, MICHAEL A
3525 MALL BLVD
DULUTH, GA 30096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DURDEN, CASEY
3525 MALL BLVD
DULUTH, GA 30096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAGAR, SCOTT
3525 MALL BLVD
DULUTH, GA 30096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Patrick R. Foley **PATRICK R. FOLEY** 02/05/2007 770.622.9858