

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000001011**

1. Entity Name  
**HOTTIES, LLC**



Principal Place of Business  
**8580 PALM PKWY  
ORLANDO, FL 32836**

Mailing Address  
**8580 PALM PKWY  
ORLANDO, FL 32836**



07032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0599124**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**UNGARO, RICHARD  
5413 SHINGLE CREEK DR.  
ORLANDO, FL 32821**

**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 September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNGARO, RICHARD 5413 SHINGLE CREEK DR ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUTCHFIELD, PAUL 2061 HICKORY SPRINGS RD BURNSVILLE, NC 28714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANCE, KENT 3448 GRANADA UNIVERSITY PARK, TX 75205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENT, BILL 8443 EGRET MEADOW LANE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILL, ROBERT 3921 MCFARLAND BLVD DALLAS, TX 75205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRUTCHFIELD, CHRIS 56 ROSSIGNOL CIRCLE SACRAMENTO, CA 95833

000000568452  
07/07/06-80009-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

*July 1, 2006*

Date

Daytime Phone #

407  
924-3482