

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001428

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** ORBAN-HILL UNLIMITED, L.L.C.

**Current Principal Place of Business:**

1041 AENON CHURCH RD  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10543  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 30-0237936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARBOGAST, REBECCA  
186 SHELINE DR  
HAVANA, FL 32333 US

**Name and Address of New Registered Agent:**

ARBOGAST, REBECCA  
153 RUNNING DEER LANE  
CRAWFORDVILLE, FL 32327 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/08/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ORBAN, TERESE  
Address: 10160 NORTHWAY AVE  
City-St-Zip: ALLEN PARK, MI 48101

Title: MGR  
Name: HILL, LINDA J  
Address: 171 RUNNING DEER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA J. HILL

MGR

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date