

**LIMITED LIABILITY COMPANY  
1997 ANNUAL REPORT**

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # M96000000063**

**The Hutensky Group, LLC  
280 Trumbull Street, 2nd Floor  
Hartford, Connecticut 06103**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business:

2a. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

**02/29/96**

3a. State of Formation

**CONNECTICUT**

4. FEI Number

**06-1443404**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FLORIDA 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**500002357365--7  
-11/26/97--01008--005  
\*\*\*\*165.00 \*\*\*\*165.00  
FL  
Zip Code**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

**Karen B. Rozar, As Its Agent**

**11.3.97**

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**MGR**

**Allan Hutensky**

**280 Trumbull Street, 2nd Fl**

**Hartford, CT 06103**

**MGR**

**BRAD M. HUTENSKY**

**280 Trumbull Street, 2nd Fl**

**Hartford, CT 06103**

**THIS IS THE 1997 ANNUAL REPORT**

**500002357365--7  
-11/26/97--01008--006  
\*\*\*\*38.75 \*\*\*\*38.75**

**AR -100.00**

**AR SUPP -103.75**

**\$ 203.75**

**OK  
11/3/97**

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

**10/30/97**

Daytime Phone #

**\*860) 527-2222**

**Brad M. Hutensky**

Typed or printed name of signing Managing Member/Manager

THE  
HUTENSKY  
GROUP

M 960000000 63

October 31 1997

**VIA ADCOM EXPRESS TO:**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
Attention: Sean Logan

**RE: Reinstatement of Certificate of Authority  
The Hutensky Group, LLC  
Document No. M96000000063**

Dear Mr. Logan:

In furtherance of your October 30, 1997 telephone conversation with Sandra Palace of this office, we are writing to inform you that The Hutensky Group, LLC did not receive a Florida Annual Report which was due in May of 1997, nor did we receive the sixty day notice, dated July 25, 1997, which you reference in your letter of October 22, 1997.

Pursuant to that conversation, we enclose the reinstatement form, together with a check in the amount of \$165.00 for the annual report filing fee. As indicated by you, the reinstatement fee and penalties will be waived.

Should you have any questions or require anything further from us to process the enclosed, please contact me directly at (860) 297-4565.

Thank you for your assistance in this matter.

Very truly yours,

*Alice C. Darter*

Alice C. Darter

ACD/sp  
Enclosures

97 NOV -3 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

THE HUTENSKY GROUP, LLC