

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M97000000675

1. Entity Name
HOOKER HOLLOW, LLC



Principal Place of Business
3150 HICKSTEAD PLACE
WELLINGTON, FL 33414

Mailing Address
3150 HICKSTEAD PLACE
WELLINGTON, FL 33414



04292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0782058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R P.A.
1209 NORTH OLIVE AVE.
WEST PALM BEACH, FL 33401

**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, 2005**

U00000355709

05/04/05-80006-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOOKER, TIMOTHY I
STREET ADDRESS	3150 HICKSTEAD PLACE
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Timothy I Hooker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Timothy I Hooker

5/29/05

561-793-9260

Date

Daytime Phone #