

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000929

FILED
Apr 12, 2009
Secretary of State

Entity Name: HUDSON MANAGEMENT, LLC

Current Principal Place of Business:

217 OAK AVE
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 856
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 65-0796836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIGULICH, JOSEPH D JR.
217 OAK AVE
ANNA MARIA, FL 34216 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BASEMAN, BARBARA
Address: 217 OAK AVE. (P.O. BOX 856)
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Delete
Name: ZIGULICH, PATRICIA
Address: 217 OAK AVE. (P.O. BOX 856)
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM () Delete
Name: ZIGULICH, JOSEPH
Address: 217 OAK (P.O. BOX 856)
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH ZIGULICH

MGRM

04/12/2009

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