

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094809

**Entity Name:** HOFCAV, LLC

**Current Principal Place of Business:**

8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**Current Mailing Address:**

8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

**FEI Number:** 27-1665767

**Certificate of Status Desired:** No

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

HOFSTRA, PETER TESQ.  
8640 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 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

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	HOFSTRA, PETER T	Name	CAVONIS, PAUL R
Address	8640 SEMINOLE BLVD.	Address	8640 SEMINOLE BLVD.
City-State-Zip:	SEMINOLE FL 33772	City-State-Zip:	SEMINOLE FL 33772

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER T. HOFSTRA

**MGRM**

**03/05/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date