

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90062 010 \*\*\*\*50.00

**DOCUMENT # L05000045662**

1. Entity Name  
HMDS, LLC



Principal Place of Business  
101 SWEETWATER COVE BLVD. SOUTH  
C/O PRENTISS BYRON HAYES JR.  
LONGWOOD, FL 32779

Mailing Address  
101 SWEETWATER COVE BLVD. SOUTH  
C/O PRENTISS BYRON HAYES JR.  
LONGWOOD, FL 32779

20000571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number

57-1225759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUHY, ROBERT K  
403 S.W. 8TH STREET  
FT. LAUDERDALE, FL 33345

1001 NW 62<sup>ND</sup> BLVD 3  
SUITE 320-W  
33309

CHANGE OF ADDRESS

Name

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

City

FL

Zip Code

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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BYRON HAYES, PRENTISS JR.  
101 SWEETWATER COVE BLVD. SOUTH  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

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

1/10/06

Date

352-462-8096

Daytime Phone #