

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047001

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** HDS PERSONAL TOUCH REPAIRS "LLC"

**Current Principal Place of Business:**

191 SIMS CREEK LANE  
JUPITER, FL 33458 US

**New Principal Place of Business:**

215 SE 1ST CIRCLE  
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

191 SIMS CREEK LANE  
JUPITER, FL 33458 US

**New Mailing Address:**

215 SE 1ST CIRCLE  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 14-1929584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEJAGER, SUSANNE S MRS  
215 SE 1ST CIRCLE  
BOYNTON BEACH, FL 33435 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  
Name: HAMMOND, RICHARD R JR  
Address: PO BOX 8793  
City-St-Zip: JUPITER, FL 33468--87 US

Title: MGRM  
Name: SCALAMANDRE-DEJAGER, SUSANNE L  
Address: 215 SE 1ST CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33435 US

I hereby 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: SUSANNE SCALAMANDRE-DEJAGER

VP

01/06/2010

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