

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065894 1. Entity Name HSA INTERIORS LLC	
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Principal Place of Business 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901	Mailing Address 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901
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01152008No Chg-LLC

CR2E083 (12/07)

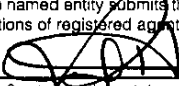
4. FEI Number 20-3101933	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, THOMAS D ESQ.
112 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

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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  VAUGHN D. HOLEMAN 1/17/08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

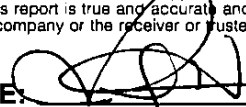
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLEMAN, VAUGHN D 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMAN, CRAIG A 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/05/08-80073-016-138.75

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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 608, Florida Statutes.

SIGNATURE  VAUGHN D. HOLEMAN 1/17/08 321 766 7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #