2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000065894

1. Entity Name
HSA INTERIORS LLC

Principal Place of Business	Mailing Address
2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901	2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

01152008 No 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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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	MGRM
NAME	HOLEMAN, VAUGHN D
STREET ADDRESS	2101 S. WAVERLY PLACE SUITE 100
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGRM
NAME	SUMAN, CRAIG A
STREET ADDRESS	2101 S. WAVERLY PLACE SUITE 100
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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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 1/17/08 321 768 7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #