

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106126

Entity Name: HCA ENTERPRISES, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

8850 N.W. 22ND AVE.
MIAMI, FL 33127

New Principal Place of Business:

8850 N.W. 22ND AVE.
MIAMI, FL 33147

Current Mailing Address:

8850 N.W. 22ND AVE.
MIAMI, FL 33127

New Mailing Address:

8850 N.W. 22ND AVE.
MIAMI, FL 33147

FEI Number: 56-2636436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMBRISTER, ANTHONY
17353 S.W. 22 STREET
MIRAMAR, FL 33029 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: CEO () Delete
Name: CAROLINA, BERNADETTE
Address: 6220 NW 173RD ST., #703
City-St-Zip: HIALEAH, L3 33015

Title: COO () Delete
Name: HILL, MARK
Address: 13137 S.W. 51ST STREET
City-St-Zip: MIRAMAR, FL 33027

Title: CFO () Delete
Name: ARMBRISTER, ANTHONY
Address: 17353 S.W. 22 STREET
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: CAROLINA, BERNADETTE
Address: 8852 NW 22 AVE
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANTHONY ARMBRISTER

CFO

04/01/2009

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