

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000562

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** HFN, L.L.C.

**Current Principal Place of Business:**

715 S. PALAFOX ST.  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

715 S. PALAFOX ST.  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 59-3708407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BREWER, CHARLES  
715 S. PALAFOX ST.  
PENSACOLA, FL 32502 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:** S/T  
**Name:** MURRAY, PATRICK  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** D  
**Name:** HERRON, WARREN L JR  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** D  
**Name:** TAN, THOMAS  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** D  
**Name:** ZIMMERN, WILLIAM  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** PRES  
**Name:** BREWER, CHARLES  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

**Title:** D  
**Name:** SHEARLOCK, KEITH  
**Address:** 715 S. PALAFOX ST.  
**City-St-Zip:** PENSACOLA, FL 32502

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:** CHARLES BREWER

PRES

04/12/2010

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