

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003337

1. Entity Name

H & H HOLDINGS, LLC

Principal Place of Business

Mailing Address

444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH FL 32118

444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHoola, MOHAN J
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH FL 32118

Name: Manoj Bhoola
Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd Ste 200
City: Daytona Beach FL Zip Code: 32118

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: BHoola, MOHAN J
STREET ADDRESS: 444 SEABREEZE BLVD., SUITE 200
CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: 900004137149-4
STREET ADDRESS: -05/04/01--01092--024
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: MGRM
NAME: BHoola, MANOJ A
STREET ADDRESS: 444 SEABREEZE BLVD., SUITE 200
CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGRM
NAME: BHoola, SNEHALKUMAR
STREET ADDRESS: 444 SEABREEZE BLVD., SUITE 200
CITY-ST-ZIP: DAYTONA BEACH FL 32118 ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

4.17.01

386 255 2577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0002129 AF

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE