

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000013940

1. Entity Name
LHD, LLC



Principal Place of Business

C/O STEVEN C. LEE, ESQ.
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

Mailing Address

C/O STEVEN C. LEE, ESQ.
P.O. BOX 2346
ORLANDO, FL 32802-2346



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3680925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES LLC
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803

**DO NOT WRITE
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

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
DIMMITT, LAWRENCE H III
25485 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DIMMITT, GENEVIEVE L TRUSTEE
25485 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000823111
02/20/08-80026-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #