

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000014352

1. Entity Name  
HS PORT ORANGE, LLC



Principal Place of Business  
1690 DUNLAWTON AVE STE 210  
PORT ORANGE, FL 32127

Mailing Address  
1690 DUNLAWTON AVE STE 210  
PORT ORANGE, FL 32127



01252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3740587

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HEMAIDAN, AMMAR  
1690 DUNLAWTON AVE STE 210  
PORT ORANGE, FL 32127

**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 MGR  
NAME HEMAIDAN, AMMAR  
STREET ADDRESS 1690 DUNLAWTON AVE STE 210  
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE MGR  
NAME ZULFIGAR, HASSAN  
STREET ADDRESS 1690 DUNLAWTON AVE STE 210  
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE MGR  
NAME SOLOMON, GEORGE  
STREET ADDRESS 1690 DUNLAWTON AVE STE 210  
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000927863  
05/20/08-80115-010 138.75

**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 #

4/20/08