

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000004727

1. Entity Name

H & B, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 AM 9:08

Principal Place of Business

11001 DANKA WAY NORTH
UNIT #3
SAINT PETERSBURG FL 33716
US

Mailing Address

11001 DANKA WAY NORTH
UNIT #3
SAINT PETERSBURG FL 33716
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

59-3707584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARGER, MICHAEL E
11001 DANKA WAY NORTH
UNIT #3
SAINT PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME BARGER, MICHAEL E
STREET ADDRESS 11001 DANKA WAY NORTH UNIT #3
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE MGRM ☐ Delete
NAME BARGER, MICHAEL E
STREET ADDRESS 11001 DANKA WAY NORTH UNIT #3
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE MGRM ☐ Delete
NAME HOFFMAN, ARNOLD
STREET ADDRESS 415 L'AMBIANCE
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400067028944
CITY-ST-ZIP 03/03/06--01037--017 **111.25

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael E. Barger MICHAEL E. BARGER 1-26-06 727-520-7711

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

Date

Daytime Phone #