

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004727

1. Entity Name

H & B, LLC



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

1st MOORE

CR2E083 (10/06)

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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BARGER, MICHAEL E	
STREET ADDRESS	11001 DANKA WAY NORTH UNIT #3	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33716	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARGER, MICHAEL E	
STREET ADDRESS	11001 DANKA WAY NORTH UNIT #3	
CITY-STATE-ZIP	SAINT PETERSBURG FL 33716	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOFFMAN, ARNOLD	
STREET ADDRESS	415 L'AMBIANCE	
CITY-STATE-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U000000709151
04/24/07-80142-017 50.00

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, MGR 1-30-07 727-520-7711

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

Date

Daytime Phone #