2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 21, 2008 8:00 am Secretary of State **DOCUMENT # L01000009197** 1. Entity Name 08-21-2008 90020 043 ***538.75 HCB HOLDINGS, LLC Principal Place of Business Mailing Address 304 S HOWARD AVE TAMPA FL 33606 304 S HOWARD AVE **TAMPA FL 33606** 2. Principal Place of Business - No P.O. Box # 2107 W. Plast St. 3. Mailing Address 301 W. Plats. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/08) City & State City & State 4. FEI Number Applied For 59-3746000 Tampa Not Applicable Country A \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOWN BROWN, HENRY C JR 304 S HOWARD AVE TAMPA FL 33606 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 regi tered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) of registered agent and I tile if applicable. S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 FILE NOW!!! FEE IS \$538.75 late fee. By checking this box, the limited liability Make Check Payable to Florida Department of State company certifies it did not receive prior notice. Fee to Due By September 3, 2008 file is \$138.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Delete ☐ Change Addition NAME CASPER, BLAKE J STREET ADDRESS 4908 W NASSAU ST. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP Manager, President Hapry C. Brown, Jr. 2107 W. Plantst. TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Tampa, FL 33606 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME tiawiE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GER OR AUTHORIZED REPRESENTATIVE

Date

FILED