

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L02000013023

1. Entity Name
H & Y HOLDINGS, LLC



Principal Place of Business
169 STERLING SPRINGS LANE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
169 STERLING SPRINGS LANE
ALTAMONTE SPRINGS, FL 32714



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
03-0450844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLICK, JAMES J
608 EAST CENTRAL BLVD.
ORLANDO, FL 32801

**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

U000000874134
04/10/08-80107-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KIM, SOON H MR.
STREET ADDRESS 169 STERLING SPRINGS LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE MGR
NAME KIM, YUN B MRS.
STREET ADDRESS 169 STERLING SPRINGS LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE MGR
NAME KIM, TAE W MR.
STREET ADDRESS 55 W CHESTNUT ST APT 2201
CITY-ST-ZIP CHICAGO, IL 60610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #