

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-31-2004 90346 035 ****50.00

DOCUMENT # L02000015147 1. Entity Name H.C.D., L.L.C.																																																																																																																																							
Principal Place of Business 1914 CEDAR COURT WESTON, FL 33327		Mailing Address 1914 CEDAR COURT WESTON, FL 33327																																																																																																																																					
2. Principal Place of Business 2900 GLADES CIRCLE Suite, Apartment 850 City & State WESTON FL Zip Country 33327 USA		3. Mailing Address 2900 GLADES CIRCLE Suite, Apartment 850 City & State WESTON FL Zip Country 33327 USA																																																																																																																																					
4. FEI Number 04-3691165		Applied For ☐ Not Applicable																																																																																																																																					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02162004 Chg-LLC CR2E083 (10/03)																																																																																																																																					
6. Name and Address of Current Registered Agent HERNANDEZ, LUIS 1914 CEDAR COURT WESTON, FL 33327		7. Name and Address of New Registered Agent Name HERNANDEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIRCLE, SUITE 850 City WESTON FL Zip Code 33327																																																																																																																																					
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 <u>Luis Hernandez</u> DATE <u>MARCH 26, 2004</u> (Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating))																																																																																																																																							
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																																																																																																																					
9. 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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Luis Hernandez</u> Date: <u>03/29/04</u> Daytime Phone #: <u>954 899 0351</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																							