

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000015147

1. Entity Name
H.C.D., L.L.C.



Principal Place of Business

2900 GLADES CIR
SUITE 850
WESTON, FL 33327

Mailing Address

2900 GLADES CIR
SUITE 850
WESTON, FL 33327



01152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3691165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS
2900 GLADES CIR.
SUITE 850
WESTON, FL 33327

**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

U00000908795
05/06/08-80044-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	HERNANDEZ, LUIS
STREET ADDRESS	1914 CEDAR COURT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	VP
NAME	BRICENO, ELIZABETH
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	BRICENO, RAUL
STREET ADDRESS	2900 GLADES CIR., SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	T
NAME	HERNANDEZ, MARTHA
STREET ADDRESS	2900 GLADES CIRCLE, SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

4/17/2008