

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90128 016 \*\*\*\*50.00

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**DOCUMENT # L02000026284**

1. Entity Name

**HFS, LLC**



Principal Place of Business

**12046 RIDGE ROAD  
NORTH PALM BEACH FL 33408**

Mailing Address

**12046 RIDGE ROAD  
NORTH PALM BEACH FL 33408**

2. Principal Place of Business  
**12346 Ridge Road**

3. Mailing Address  
**12346 Ridge Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**North Palm Beach, FL 33406**

City & State

**North Palm Beach, FL 33408**

4. FEI Number

**47-0892051**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AUGUST & KULUNAS, P.A.  
250 AUSTRALIAN AVENUE SOUTH  
1100  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SEARCY, PRISCILLA G  
12046 RIDGE ROAD  
NORTH PALM BEACH FL 33408**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12346**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SEARCY, CHRISTIAN D  
12046 RIDGE ROAD  
NORTH PALM BEACH FL 33408**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12346**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

**4/16/03 561-626-5695**

Date

Daytime Phone #

CR2E083 (10/02)