

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020524

Entity Name: HPL USA, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

1562 SANDCASTLE ROAD
SANIBEL, FL 33957 US

New Principal Place of Business:

13848 VILLAGE CREEK DRIVE
FORT MYERS, FL 33908 US

Current Mailing Address:

P.O. BOX 1173
SANIBEL, FL 33957 US

New Mailing Address:

13848 VILLAGE CREEK DRIVE
FORT MYERS, FL 33908 US

FEI Number: 83-0340782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMMONDS-SHORT, PHILLIP
Address: P.O. BOX 1173
City-St-Zip: SANIBEL, FL 33957 US

Title: MGR () Delete
Name: SIMMONDS-SHORT, JANE
Address: P.O. BOX 1173
City-St-Zip: SANIBEL, FL 33957 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMMONDS-SHORT, PHILLIP
Address: 13848 VILLAGE CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR (X) Change () Addition
Name: SIMMONDS-SHORT, JANE
Address: 13848 VILLAGE CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILLIP SIMMONDS-SHORT

MGR

01/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date