

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90231 008 \*\*\*\*50.00

DOCUMENT # L03000037429

1. Entity Name

HH MAIN STREET, LLC



Principal Place of Business

173 S. SEAWALL'S POINT ROAD  
STUART FL 34996

Mailing Address

173 S. SEAWALL'S POINT ROAD  
STUART FL 34996

2. Principal Place of Business *424 S. Main St.*

~~1485 SE St. Lucie Blvd~~

Suite, Apt. #, etc.

3. Mailing Address

*1485 SE St. Lucie Blvd*

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

*Stuart FL Suffolk, VA*

City & State

*Stuart FL*

4. FEI Number

*54-2127605*

Applied For

Not Applicable

Zip

*34996*

Country

*USA*

Zip

*34996*

Country

*USA*

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOFFLER, OSWALD W JR.  
173 S. SEAWALL'S POINT ROAD  
STUART FL 34996

7. Name and Address of New Registered Agent

Name

*OSWALD W. HOFFLER, Jr.*

Street Address (P.O. Box Number is Not Acceptable)

*1485 SE St. Lucie Blvd*

City

*Stuart*

FL

Zip Code

*34996*

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

*Oswald W. Hoffler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/30/04*

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	<i>Managing Member</i>	<input type="checkbox"/> Delete
NAME	<i>OSWALD W. HOFFLER, Jr.</i>	
STREET ADDRESS	<i>1485 SE St. Lucie Blvd</i>	
CITY-ST-ZIP	<i>Stuart, FL 34996</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Oswald W. Hoffler*

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

*1/30/04*

Date

*772-283-8355*

Daytime Phone #