

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042304

FILED  
Feb 11, 2007  
Secretary of State

Entity Name: HHS, LLC

## Current Principal Place of Business:

431 WESTERN AVE  
TOLEDO, OH 43609 US

## New Principal Place of Business:

## Current Mailing Address:

431 WESTERN AVE  
TOLEDO, OH 43609 US

## New Mailing Address:

FEI Number: 83-0374622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAREY, JAMES A JR.  
1272-B TIMBERLANE RD  
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete  
Name: HICKEY, DONALD K  
Address: 431 WESTERN AVE  
City-St-Zip: TOLEDO, OH 43609 US

Title: MGRM ( ) Delete  
Name: HICKEY, JANET A  
Address: 431 WESTERN AVE  
City-St-Zip: TOLEDO, OH 43609 US

Title: MGRM ( ) Delete  
Name: HUFFMAN, RANDY L  
Address: 7155 SEVEN OAKS DRIVE EAST  
City-St-Zip: INDIANAPOLIS, IN 46326 US

Title: MGRM ( ) Delete  
Name: HUFFMAN, CAROL S  
Address: 7155 SEVEN OAKS DRIVE EAST  
City-St-Zip: INDIANAPOLIS, IN 46326 US

Title: MGRM ( ) Delete  
Name: SMITH, STEVEN R  
Address: 523 CAMBRIDGE PARK SOUTH  
City-St-Zip: MAUMEE, OH 43537 US

Title: MGRM ( ) Delete  
Name: SMITH, LINDA E  
Address: 523 CAMBRIDGE PARK SOUTH  
City-St-Zip: MAUMEE, OH 43537 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HUFFMAN, RANDY L  
Address: 9160 NW 13TH STREET  
City-St-Zip: PLANTATION, FL 33322 US

Title: MGRM (X) Change ( ) Addition  
Name: HUFFMAN, CAROL S  
Address: 9160 NW 13TH STREET  
City-St-Zip: PLANTATION, FL 33322 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN R. SMITH

MGRM

02/11/2007

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