2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# L03000042304

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 (X)**

Name and Address of Current Registered Agent:

CAREY, JAMES A JR.
1272-B TIMBERLANE RD
TALLAHASEE, FL 32312 US

Name and Address of New Registered Agent:

HUFFMAN, RANDY L
9160 NW 13TH ST
PLANTATION, FL 33322 US

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: RANDY L HUFFMAN 02/15/2009
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: 9160 NW 13TH STREET
City-St-Zip: PLANTATION, FL 33322 US

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

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

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 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 02/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date