


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000043006 1. Entity Name H & S, LLC		
Principal Place of Business 4530 ATWOOD CAY CIRCLE SARASOTA, FL 34233		Mailing Address 4530 ATWOOD CAY CIRCLE SARASOTA, FL 34233
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVER, DENNIS S 4530 ATWOOD CAY CIRCLE SARASOTA, FL 34233		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
U000000382816 01/12/06-80027-021 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SILVER, DENNIS S TRUSTEE 4530 ATWOOD CAY CIRCLE SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SILVER, WAYNE A 150 YANTIC ST., APT. #142 NORWICH, CT 06360	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>DENNIS S. SILVER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
Date <u>1-10-06</u> Daytime Phone # <u>(941) 377-5126</u>		



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
58-2683639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required