

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018804

FILED
Apr 14, 2009
Secretary of State

Entity Name: HR GUILD LLC

Current Principal Place of Business:

3740 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

3740 NW 124TH AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

3740 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065

New Mailing Address:

3740 NW 124TH AVENUE
CORAL SPRINGS, FL 33065

FEI Number: 20-0847291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAJALLI, RAHIM
3740 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

TAJALLI, RAHIM
3740 NORTHWEST 124TH AVENUE
CORAL SPRINGS, FL 33065 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: _____

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAJALLI, RAHIM
Address: 7500 LIVE OAK DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: MOUSAVI, HOSSEIN
Address: 2051 NORTHWEST 118TH AVENUE
City-St-Zip: PLANTATION, FL 33323

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAJALLI, RAHIM
Address: 6745 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33076

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: RAHIM TAJALLI

MGRM

04/14/2009

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