

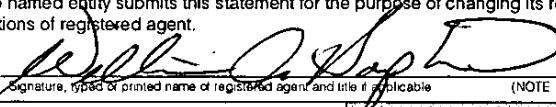
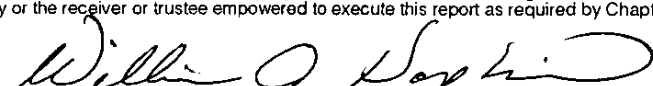


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90009 019 ****50.00

DOCUMENT # L04000030900 1. Entity Name H & H SVCS, LLC					
Principal Place of Business 355 DRAFTWOOD RD #7 MIRAMAR BEACH FL 32550				Mailing Address 10859 EMERALD COAST PKWY 355 DRAFTWOOD RD #7 MIRAMAR BEACH FL 32550	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10859 Emerald Coast Pkwy 4-310			
City & State MIRAMAR BEACH, FL		City & State MIRAMAR BEACH, FL		4. FEI Number 59-3793456	
Zip 32550		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPKINS, WILLIAM A 10859 EMERALD COAST PKWY, 4-310 MIRAMAR FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE 3/31/05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME HOPKINS, BILL		TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310	CITY-ST-ZIP MIRAMAR BEACH FL 32550		STREET ADDRESS SEC / TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP MIRAMAR BEACH FL 32550	CITY-ST-ZIP MIRAMAR BEACH FL 32550		TITLE DIRECTOR	NAME MICHAEL S HOPKINS	
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310	CITY-ST-ZIP MIRAMAR BEACH FL 32550		STREET ADDRESS 8 MANTLE CT.	CITY-ST-ZIP STAFFORD, VA 22556	
CITY-ST-ZIP MIRAMAR BEACH FL 32550	CITY-ST-ZIP MIRAMAR BEACH FL 32550		TITLE DIRECTOR	NAME JEFFERY R HOPKINS	
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310	CITY-ST-ZIP MIRAMAR BEACH FL 32550		STREET ADDRESS 4017 DEER RUN TRACE	CITY-ST-ZIP SPRING HILL, TN. 37174	
CITY-ST-ZIP MIRAMAR BEACH FL 32550	CITY-ST-ZIP MIRAMAR BEACH FL 32550		TITLE DIRECTOR	NAME KEVIN A HOPKINS	
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310	CITY-ST-ZIP MIRAMAR BEACH FL 32550		STREET ADDRESS 300 HOLLYBROOK CIR.	CITY-ST-ZIP NASHVILLE, TN. 37221	
CITY-ST-ZIP MIRAMAR BEACH FL 32550	CITY-ST-ZIP MIRAMAR BEACH FL 32550		TITLE DIRECTOR	NAME KEVIN A HOPKINS	
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310	CITY-ST-ZIP MIRAMAR BEACH FL 32550		STREET ADDRESS 300 HOLLYBROOK CIR.	CITY-ST-ZIP NASHVILLE, TN. 37221	
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CITY-ST-ZIP MIRAMAR BEACH FL 32550	CITY-ST-ZIP MIRAMAR BEACH FL 32550		TITLE DIRECTOR	NAME KEVIN A HOPKINS	
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:  DATE: 3/31/05 850 650-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					