

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

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
4-310
MIRAMAR BEACH, FL 32550



04142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3793456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reselecting)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000907389
05/05/08-80038-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME HOPKINS, BILL
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE ST
NAME HOPKINS, PEGGY
STREET ADDRESS 10859 EMERALD COAST PKWY. STE. 4-310
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE D
NAME HOPKINS, MICHAEL S
STREET ADDRESS 8 MANTEL CT
CITY-ST-ZIP STAFFORD, VA 22556

TITLE D
NAME HOPKINS, JEFFREY R
STREET ADDRESS 4017 DEER RUN TRACE
CITY-ST-ZIP SPRING HILL, TN 37174

TITLE D
NAME HOPKINS, KEVIN A
STREET ADDRESS 300 HOLLYBROOK CR
CITY-ST-ZIP NASHVILLE, TN 37221

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

W. H. Hopkins Pres. 4/14/08 850 650-2800