## 2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

## FILED May 04, 2007 08:00 A Secretary of State

PRINCIPAL PRINCE OF Business Supplies (1) MERB ROAD, SUITE 208  TAMPA, FL 33615  2. Principal Place of Business - No P.O. Box #	DOCU 1. Entity Nam HDG, LLC		31154		Secretary of
Suite, Apil. #, etc.    City & State	6101 WEBB	ROAD, SUITE 208	6101 WEBB ROAD, SUIT	E 208	
City & State  Ci	2. Principal P	Nace of Business - No P.O. Box #	3. Mailing Address		
20-1044768   No. Applicable   St. Certificate of Statute Desired   \$5.00 Additional   \$5.00 Additional   \$6.00 Additional   \$	Suite, Apt, #, etc.		Suite, Apt. #, etc.		04272007 Chg-LLC CR2E083 (12/06)
S. Remark and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Certificate of Status Lessen  Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submiss his structurent for till purpose of changing its registered affice or registered agent, or both, in the State of Routlas. I fam familiar with, and accept the objects of registering agent.  8. The above named entity submiss his structurent for till purpose of changing its registered affice or registered agent, or both, in the State of Routlas. I fam familiar with, and accept the objects of registering agent.  8. SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2007  Filling Fee is \$50.00  Due by May 1, 2007  Make check psyable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  GIRALDO, HERNAN  MAKE  GIRALDO,	City & State		City & State		, <u> </u>
Name Hernan D. Giraldo   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Number is Number is Number is Not Acceptable in Street Is Number is Number is Not Acceptable in Street Is Number is Not Acceptable in Street Is Number is Number in Number is Number i	Zip	Country	Zip	Country	
SIGNALOD. HERMAN D Signal Address (P.O. Box Number is Not Acceptable)  Signal Address (P.O. Box Number is Not Acceptable is Not Acceptable in Number Information Number Information In		6. Name and Address of Curre	ent Registered Agent	Nome	
Street Address (P.O. box Number is Not Acceptable)	GIRALDO HERMAND			ivame Herr	nan D. Giraldo
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Pearliar with, and accept the obligations of registered agent, or both, in the State of Florida Pearliar with, and accept the obligations of registered agent, or both, in the State of Florida Pearliar with, and accept the obligations of registered agent, or both, in the State of Florida Pearliar with, and accept the obligations of registered agent, or both, in the State of Florida Pearliar with, and accept the obligations of registered agent, or both, in the State of Florida State with a state and accept the familiar with, and accept the obligations of Florida State with a state and accept agent agent accept the familiar agent agen	5802 MAR	INER ST			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and the obligations of registered agent.	·				
SIGNATURE    Filling Fee is \$50.00   Due by May 1, 2007					- FL 3555
Filing Fee is \$50.00 Due by May 1, 2007    Make check payable to Florida Department of State	the above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing its r	egistered office or regis	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM GIRALDO, HERNAN MAKE GIRALDO, HERNAN SEQUENTIAL STATE ADDRESS CITY-S1-2P  TITLE MANA SEQUENTIAL STATE ADDRESS CITY-S1-2P  TITLE MANE SIREE ADDRESS CITY-S1-2P  TITLE MANE	SIGNATURE .	Signature typed or printed name of registered &	gent and title it applicable (NOTE	Registered Agent signature requ	
TITLE MAKE SIREE ADDRESS CITY-ST-2P TITLE MAKE SIREE ADDRESS CITY-	Fi .D:	iling Fee is \$50.00 ue by May 1, 2007			
MANE SIREET AUDRESS SA02 MARINERR ST STREET AUDRESS	9.	r <sup></sup>	MBERS/MANAGERS	10.	
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NAME STREET ADDRESS CITY-ST-ZIP  11. 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  44/30/07	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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SIGNATURE AND TYPED OR PRINTED NAME OP GROWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviling Phone #	indicated limited lia	on this report is true and accurate a bility company or the receiver or tru	and that my signature shall have the stee empowered to execute this re	same legal effect as port as required by Ch	s if made under cath; that I am a managing member or manager of the hapter 608, Florida Statutes  4/30/07