

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043693

Entity Name: HERMON GROUP LLC

FILED  
Jul 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1499 SHORELINE WAY, HARBOR ISLANDS  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

1400 SHORELINE WAY, HARBOR ISLANDS  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1499 SHORELINE WAY, HARBOR ISLANDS  
HOLLYWOOD, FL 33019

**New Mailing Address:**

1400 SHORELINE WAY, HARBOR ISLANDS  
HOLLYWOOD, FL 33019

FEI Number: 04-3806223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HERMON, GIL M  
Address: 1499 SHORELINE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: HERMON, GIL M  
Address: 1400 SHORELINE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

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: GIL HERMON

MGRM

07/09/2007

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