2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000045329

1. Entity Name
H & H OF NW FLORIDA, LLC

Principal Place of Business	Mailing Address
8766 ORTEGA PARK DRIVE NAVARRE, FL 32566	8766 ORTEGA PARK DRIVE NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

03142007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1317022

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMINN, WYNDE
8608 TUPELO DRIVE
NAVARRE, FL 32566

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000707356
04/24/07-80070-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCMINN, WYNDE
STREET ADDRESS	8608 TUPELO DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	MCMINN, KEVIN
STREET ADDRESS	8608 TUPELO DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	MCMINN, HANNAH
STREET ADDRESS	8608 TUPELO DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	MGRM
NAME	MCMINN, HEATHER
STREET ADDRESS	8608 TUPELO DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-10-07 850-936-8946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #