

FILED
Jul 14, 2008 8:00 am
Secretary of State

04-16-2008 90113 044 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000045329

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



Principal Place of Business

8766 ORTEGA PARK DRIVE
NAVARRE, FL 32566

Mailing Address

8766 ORTEGA PARK DRIVE
NAVARRE, FL 32566

8608 Tupele Dr 30010341



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1317022

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMINN, WYNDE
8608 TUPELO DRIVE
NAVARRE, FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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	

TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850 936 0153