## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000045329

Entity Name: H&HOFNW FLORIDA, LLC

8608 TUPELO DRIVE

NAVARRE, FL 32566

Address:

City-St-Zip:

FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
8608 TUPI NAVARRE	ELO DR E, FL 32566			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
8608 TUPI NAVARRE	ELO DR E, FL 32566			
FEI Number	: 20-1317022 FEI Number Applied Fo	or ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Ag	gent: Name and Address	of New Registered Agent:	
NAVARRE The above	ELO DRIVE E, FL 32566 US	for the purpose of changing its register	red office or registered agent, or both,	
SIGNATU	Electronic Signature of Registe	ered Agent	 Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete MCMINN, WYNDE 8608 TUPELO DRIVE NAVARRE, FL 32566	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete MCMINN, KEVIN 8608 TUPELO DRIVE NAVARRE, FL 32566	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete MCMINN, HANNAH 8608 TUPELO DRIVE NAVARRE, FL 32566	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: WYNDE MCMINN MGRM 03/14/2009