

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050449

FILED
Apr 29, 2009
Secretary of State

Entity Name: HERNANDEZ & HICKS INVESTMENTS, LLC

Current Principal Place of Business:

5800 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5800 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 20-1325605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDES HICKS, LISA B
1851 NW 107 AVE
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

FERNANDES HICKS, LISA B
11205 N.W. 18 COURT
PLANTATION, FL 33323 US

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: LISA B. FERNANDES HICKS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERNANDEZ, DIANE B
Address: 1416 S.E. 12 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGR () Delete
Name: FERNANDES HICKS, LISA B
Address: 1851 NW 107 AVE
City-St-Zip: PLANTATION, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FERNANDES HICKS, LISA B
Address: 11205 N.W. 18 COURT
City-St-Zip: PLANTATION, FL 33323 US

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: DIANE B. HERNANDEZ

MGR

04/29/2009

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