

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064267

FILED  
Jul 07, 2006  
Secretary of State

**Entity Name:** HF BUSINESS CONSULTING "LLC"

**Current Principal Place of Business:**

5504 BRANCH OAK PLACE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3027  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 76-0765515      **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:**

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

HENRY, TRACY A  
5504 BRANCH OAK PLACE  
LITHIA, FL 33547 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENRY, TRACY A  
Address: 5504 BRANCH OAK PLACE  
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM ( ) Delete  
Name: HENRY, DENISE F  
Address: 5504 BRANCH OAK PLACE  
City-St-Zip: LITHIA, FL 33547 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY A. HENRY

PRES

07/07/2006

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