

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076101

Entity Name: H & S GROUP, L.L.C.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

13322 BYRD DRIVE  
ODESSA, FL 33556 US

## **New Principal Place of Business:**

441 19TH STREET SE  
HICKORY, NC 28602 US

## **Current Mailing Address:**

13322 BYRD DRIVE  
ODESSA, FL 33556 US

## **New Mailing Address:**

441 19TH STREET SE  
HICKORY, NC 28602 US

FEI Number: 20-1782307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

SCHNEIDER, NANCY G  
13322 BYRD DRIVE  
ODESSA, FL 33556 US

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

SCHNEIDER, NANCY G  
441 19TH STREET SE  
HICKORY, FL 28602 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: NANCY G. SCHNEIDER

04/05/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHNEIDER, MARK W  
Address: 441 19TH STREET SE  
City-St-Zip: HICKORY, NC 28602 US

Title: MGR  
Name: SCHNEIDER, NANCY G  
Address: 441 19TH STREET SE  
City-St-Zip: HICKORY, NC 28602

I hereby 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: NANCY G. SCHNEIDER

MGR

04/05/2012

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