

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 027 ***138.75

DOCUMENT # L04000086382

1. Entity Name
HRH DESIGN ASSOCIATES, L.L.C.



Principal Place of Business
920 8TH AVE, S
STE D
JACKSONVILLE BEACH, FL 32250

Mailing Address
344 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082

50004674



2. Principal Place of Business - No P.O. Box #
344 PONTE VEDRA BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04142008 Chg-LLC CR2E083 (12/06)

City & State
PONTE VEDRA BCH, FL
Zip
32082
Country
USA

City & State
Zip
Country

4. FEI Number
20-1939905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV, ESQ
FORD BOWLUS DUSS MORGAN KENNEY SAFER & HAM
10110 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HRH HOLDINGS, INC. ☐ Delete
344 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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:

John S. Duss

4/15/08

904-280-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #