

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088093

Entity Name: HWS, LLC

FILED  
Apr 17, 2009  
Secretary of State

**Current Principal Place of Business:**

5760 NE 61 AVE. ROAD  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

418 CYPRESS ROAD  
OCALA, FL 34491

**Current Mailing Address:**

P.O. BOX 125  
SILVER SPRINGS, FL 34489

**New Mailing Address:**

P.O. BOX 830161  
OCALA, FL 34483-016

FEI Number: 22-3904454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COHEY AMMERMAN, MARY R.  
10490 SE 179 PLACE  
SUMMERFIELD, FL 34491 US

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

AMMERMAN, WILLIAM OWNER  
5760 NE 61 AVE. RD.  
SILVER SPRINGS, FL 34488 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: WILLIAM AMMERMAN

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMMERMAN, WILLIAM  
Address: 5760 NE 61 AVE. ROAD  
City-St-Zip: SILVER SPRINGS, FL 34488

**ADDITIONS/CHANGES:**

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

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: WILLIAM AMMERMAN

MGRM

04/17/2009

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