

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90031 001 ****55.00

DOCUMENT # L05000009645

1. Entity Name

H & R GROUP, LLC



Principal Place of Business

595 BAY ISLES ROAD
115
LONGBOAT KEY FL 34228
US

Mailing Address

595 BAY ISLES ROAD
115
LONGBOAT KEY FL 34228
US



2. Principal Place of Business - No P.O. Box #

2 AVENUE OF THE
FLOWERS

3. Mailing Address

2 AVENUE OF THE
FLOWERS

2nd MOORE

CR2E083 (4/07)

City & State

LONGBOAT KEY, FL

City & State

LONGBOAT KEY, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

34228

Country

SARASOTA

Zip

34228

Country

SARASOTA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTTER, MARGARET L
114 CIRCUIT DR
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

J. Ellen Kuntz

Street Address (P.O. Box Number is Not Acceptable)

1281 Gulf of Mexico Dr
203

City

Longboat Key

FL

Zip Code

34228

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]

(NOTE: Registered Agent signature required when reinstating)

7-30-07

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MLH OF SARASOTA, INC.
STREET ADDRESS 114 CIRCUIT ROAD
CITY-ST-ZIP NOKOMIS FL 34275

☐ Delete

TITLE MGRM
NAME JER OF SARASOTA, INC.
STREET ADDRESS 1281 GULF TO MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL 34228

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

J. Ellen Kuntz

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

Date

Daytime Phone #

7-30-07 941 552-1353