

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90119 036 ***138.75

DOCUMENT # L05000012487

1. Entity Name
HCH2 LLC



Principal Place of Business
1716 BELLEVUE, UNIT 2
TALLAHASSEE, FL 32304

Mailing Address
P.O. BOX 20438
TALLAHASSEE, FL 32316

50003808



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2074603

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAND, HENRY
1716 BELLEVUE
UNIT 2
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAND, HENRY
1716 BELLEVUE
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CLEMENTS, CRISTIAN
2603 THARPE ST. UNIT D
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BROWN, HENRY
1606 OVERSTREET
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4/14/08

850 222 9174