

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053189

Entity Name: HC & ASSOCIATES, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

6293 AUGUSTA COVE
DESTIN, FL 32541 US

New Principal Place of Business:

5 PORTFINO DRIVE
2004
PENSACOLA BEACH, FL 32561 US

Current Mailing Address:

6293 AUGUSTA COVE
DESTIN, FL 32541 US

New Mailing Address:

5 PORTFINO DRIVE
2004
PENSACOLA BEACH, FL 32561 US

FEI Number: 20-2985088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZIMMERN, TONYA
6293 AUGUSTA COVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

ZIMMERN, TONYA
5 PORTOFINO DRIVE
2004
PENSACOLA BEACH, FL 32561 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: TONYA ZIMMERN

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE ZIMMERN FAMILY LIMITED PARTNERSHIP
Address: 6293 AUGUSTA COVE
City-St-Zip: DESTIN, FL 32550 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE ZIMMERN FAMILY LIMITED PARTNERSHIP
Address: 5 PORTOFINO DRIVE UNIT 2004
City-St-Zip: PENSACOLA BEACH, FL 32561 US

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: TONYA ZIMMERN

MNGR

05/04/2009

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