

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053938

FILED
Apr 23, 2009
Secretary of State

Entity Name: HLCO, L.L.C.

Current Principal Place of Business:

423 FRONT STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

423 FRONT STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-2898343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITTAH, CHARLES
423 FRONT STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D'JAMAL, SHLOMO
Address: 423 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: ITTAH, CHARLES
Address: 423 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: GAMAL, URI
Address: 423 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: SHVERO, ITZIK
Address: 423 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

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

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: CHARLES ITTAH

MGR

04/23/2009

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