

**2007 LIMITED LIABILITY-COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L05000065347

1. Entity Name
H H & B LLC



Principal Place of Business
**533 VERSAILLES DRIVE
100
MAITLAND, FL 32751**

Mailing Address
**533 VERSAILLES DRIVE
100
MAITLAND, FL 32751**



04062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3084013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, HOWARD L
1776 PROVIDENCE BLVD
DELTONA, FL 32725**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUNT, ALEXANDER C
STREET ADDRESS	P O BOX 430
CITY-ST-ZIP	SUMMERFIELD, NC 27358
TITLE	MGR
NAME	BROWN, DON L
STREET ADDRESS	533 VERSAILLES DRIVE SUITE 100
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	MGR
NAME	HIRSCH, HOWARD L
STREET ADDRESS	1776 PROVIDENCE BLVD
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80042-009 50.00

**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: *Don L. Brown* **DON L. BROWN**

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

4-6-07

Date

407-599-0002

Daytime Phone #