

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 APR -2 AM 8:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000065677

1. Entity Name
HSA ADMINISTRATIVE SERVICES, LLC



Principal Place of Business
2101 S. WAVERLY PLACE
SUITE 100
MELBOURNE, FL 32901

Mailing Address
2101 S. WAVERLY PLACE
SUITE 100
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3102240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, THOMAS D ESQ.
112 W. NEW AVENUE AVENUE
MELBOURNE, FL 32901

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLEMAN, VAUGHN D MGRM
2101 S. WAVERLY PLACE, SUITE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SUMAN, CRAIG A MGRM
2101 S. WAVERLY PLACE, SUITE 100
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600095642086
04/03/07--01023--001 **500.00

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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

2/22/07

Date

(321) 268-7087

Daytime Phone #

20 4/3