## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000082826

Entity Name: HR, LLC

Name:

Address:

City-St-Zip:

4100 SOUTHPOINT DRIVE E, SUITE 3

JACKSONVILLE, FL 32216 US

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4100 SOUTHPOINT DRIVE EAST, SUITE 3 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** PO BOX 550858 JACKSONVILLE, FL 32255 US FEI Number: 20-3347117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIDAY, ROBERT D PRES 4100 SOUTHPOINT DRIVE EAST, SUITE 3 JACKSONVILLE, FL 32216 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HIDAY, ROBERT D PRES Name: Name: Address: 4100 SOUTHPOINT DRIVE E, SUITE 3 Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition RICKE, JEFF J D Name: Name: Address: 4100 SOUTHPOINT DRIVE E. SUITE 3 Address: City-St-Zip: JACKSONVILLE, FL 32216 US City-St-Zip: Title: SECY () Delete Title: () Change () Addition BECKER, JEFFREY R SECY Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT D. HIDAY **PRES** 01/15/2009