2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000083465

1. Entity Name
HS, LLC

Principal Place of Business	Mailing Address
1505 NORTH FLORIDA AVENUE TAMPA, FL 33601 US	P.O. BOX 800 SUITE 110 33601, US

01252008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4623216
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KASS, MICHAEL
1505 N. FLORIDA AVENUE
TAMPA, FL 33601

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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 _____ 2/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KASS, MICHAEL
STREET ADDRESS	1505 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	MGR
NAME	KASS, JANET
STREET ADDRESS	1505 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	MGR
NAME	ZIELIN, LARA
STREET ADDRESS	1505 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	MGR
NAME	KASS, CAROLINE
STREET ADDRESS	1505 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	MGR
NAME	CLARKE, PHILIP
STREET ADDRESS	1505 NORTH FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000934729
02/29/08-80003-022 138.75

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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: _____ 2/19/08 813 229-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #