

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083465

FILED
Apr 03, 2009
Secretary of State

Entity Name: HS, LLC

Current Principal Place of Business:

1505 NORTH FLORIDA AVENUE
TAMPA, FL 33601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 800
SUITE 110
33601, US

New Mailing Address:

P.O. BOX 800
TAMPA, FL 33601 US

FEI Number: 20-4623216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASS, MICHAEL
1505 N. FLORIDA AVENUE
TAMPA, FL 33601 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: KASS, MICHAEL
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: KASS, JANET
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: ZIELIN, LARA
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: KASS, CAROLINE
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601

Title: MGR () Delete
Name: CLARKE, PHILIP
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KASS, MICHAEL
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601 US

Title: MGR (X) Change () Addition
Name: KASS, JANET
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601 US

Title: MGR (X) Change () Addition
Name: ZIELIN, LARA
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601 US

Title: MGR (X) Change () Addition
Name: KASS, CAROLINE
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601 US

Title: MGR (X) Change () Addition
Name: CLARKE, PHILIP
Address: 1505 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33601 US

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: MICHAEL KASS

MGR

04/03/2009

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