

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90306 026 \*\*\*\*50.00

**DOCUMENT # L05000093578**

1. Entity Name  
**HHS PROPERTIES, L.L.C.**



Principal Place of Business

**4030 S. PIPKIN ROAD  
SUITE 100  
LAKELAND, FL 33811**

Mailing Address

**P.O. BOX 6254  
LAKELAND, FL 33807**

**20005175**



02232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3597918**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HULBERT, MARK  
6175 RIVERLAKE BLVD  
BARTOW, FL 33830**

**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	HULBERT, MARK
STREET ADDRESS	6175 RIVERLAKE BLVD
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	MGRM
NAME	HICKAN, MICHAEL
STREET ADDRESS	7375 MILLBROOK OAKS DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	MGRM
NAME	SAUM, JEREMY
STREET ADDRESS	636 VICTORIA SQUARE LANE
CITY-ST-ZIP	LAKELAND, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/23/07**

Date

**863-647-5815**

Daytime Phone #