

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 011 ***138.75

DOCUMENT # L05000097554

1. Entity Name

H & H INSTALLATIONS LLC



Principal Place of Business

530 NEWTON ROAD
PORT ORANGE FL 32127

Mailing Address

PO BOX 291907
PORT ORANGE FL 32129



2. Principal Place of Business - No P.O. Box #

5200 S NOVA RD

Suite, Apt. #, etc.

LOT 52

3. Mailing Address

PO BOX 291907

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

20-3547829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

32129

Country

FLORIDA

Zip

32129

Country

FLORIDA

6. Name and Address of Current Registered Agent

HUTH, DAWN E
530 NEWTON ROAD
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

DAWN E HUTH

Street Address (P.O. Box Number is Not Acceptable)

5200 S NOVA RD

LOT 52

City

PORT ORANGE

FL

Zip Code

32129

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

Dawn E. Huth

MANAGING MEMBER

4-25-08

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

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HUTH, DAWN E
STREET ADDRESS PO BOX 291907
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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: Dawn E. Huth DAWN E HUTH

4-25-08

386-846-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #