2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000109127

1. Entity Name

H & S, LLC



FILED May 10, 2006 8:00 am Secretary of State 05-10-2006 90018 044 ****55.00

183					1000					
### AND PART STREET TO COUNTY TO COUNTY THE CONTROL PART OF STREET TO COUNTY TO COUNT	Principal Place	e of Business	Mailing Add	ress	•					
2. A 2. A 3. A 4. atc. Suite. Apt. 6. atc. Suite. Apt. 6. atc. Suite. Apt. 6. atc. Suite. Apt. 6. atc. A. FE Number Tue_De_OB6755 Non Applicable For Tue_De_OB6755 No	13014 NORTH DALE MABRY HWY #183 TAMPA FL 33618 US		#183 TAMPA FL	#183 TAMPA FL 33618						
COPY & State To Country Country Country Country Country Country Country S. Conflicted of Status Desired S. Conflicted of Status Desired Agent T. Name and Address of New Registered Agent Name COPPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Sites Address (P.O. Box Number a Nex Acceptable) City FL Zip Code City	2. Principal Pi	ace of Business	3. Mailing A	3. Mailing Address			5.:34 64 65:81 BIII: 66M 66			
County Zip County Zip County S. Certificate of Status Desired Service Desired De	Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			- 1st MOORE CR2E083 (10/05)			
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 8. The above named entity submits into statement for the purpose of changing its registered diction or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS SO.00 Make Check Payable to Florida Department of State. Que by May 1, 2006 Make Check Payable to Florida Department of State. Que by May 1, 2006 Make Check Payable to Florida Department of State. Que by May 1, 2006 9. MANAGING MEMBERS / MANAGERS Que by May 1, 2006 1016 1017 1021 1031 A NORTH DALE MABRY HWY #183 1041 Change Addition NAME SIREI AUDRESS OTY-51-2P 1051 1052 1053 1054 1055	City & State)	City & Sta	te		·				
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Cour			Country			\ \ \ \ \	\$5.00 Addi	itional t
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHA'S SEE FL 32301 City FL Zip Code 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 THE MORN!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS TO. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS TO. ADDITIONS/CHANGES ON'S 1-2P TAMPA FL 33618 MGRM HOUGH, DAVID STRET ADDRESS ON'S 1-2P TAMPA FL 33618 TAMPA FL 33618 Delde TITE MAPA FL 33618 Delde TITE MAPA TAMPA FL 33618 Delde TITE MAPA TAMPA FL 33618 Delde TITE MAPA TAMPA FL 33618 Delde TITE MANAGING TITE TAMPA FL 33618 Delde TAMPA F	Name and Address of Current Registered Agent					7. Name an	d Address of New	Registered	Agent	
B. 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. Control File	1201 HAYS STREET									
B. 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 tamiliar with, and accept the obligations of registered agent. Signature Signature					City		•	FI	Zip Code	= -
SIGNATURE Signature Special content name of requirement liquid later is upplicable. (NOTE Registered a Agent segreture requirement when rendstative)) DATE	8. The above	named entity submits this statem	ent for the purpose o	f channing its regi	stered office or a	registered agent, or b	onth in the State of I			and accept
CASE Page			on the trial perpension	ondinging no regi		og.storos agom, sr s	out, writte otate or	ronou. rum	icarring, man,	and addopt
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Que By May 1, 2006 MGRM MGRM HOUGH, DAVID INME MAME SIDIT-51-2P ITILE MGRM SMITH, HAROLD SIREFI ADDRESS CITY-51-2P TAMPA FL 33618 ITILE MAME SIREFI ADDRESS CITY-51-2P TOTAL Change Addition Additio	SIGNATURE .							,		
Make Check Payable to Florida Department of State. Due By May 1, 2006		Signature, typed or minted name of registered	n agent mid tille if applicable					DATE		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TILE MGRM HOUGH, DAVID INIAE STREET ADDRESS CITY-ST-2P TAMPA FL 33618 TILE MGRM SMITH, HAROLD SIREET ADDRESS CITY-ST-2P TAMPA FL 33618					· · · · · · · · · · · · · · · · · · ·					}
MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM			Make Ci							j
MGRM Delete ITILE NAME Change Addition Change Ch		114111000001	EMBERO UMANAGER	<u></u>		<u></u>	ACCUTION	0.100.1410.50		
HOUGH, DAVID STREET ADDRESS TOTY-ST-ZIP TAMPA FL 33618 THE MGRM SMITH, HAROLD SMITH, HAROLD SMITH, HAROLD SMITH, HAROLD SMITH AND A CHANGE STREET ADDRESS TAMPA FL 33618 TITLE MANAE STREET ADDRESS CITY-ST-ZIP THE MANAE STREET ADDRESS CITY-ST-ZIP THE MANAE STREET ADDRESS CITY-ST-ZIP THE MANAE STREET ADDRESS CITY-ST-ZIP TITLE MAN							ADDITION	S/CHANGES		- Addition
STREET ADDRESS CITY-S1-ZIP TITLE MARK SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDRESS CITY-S1-ZIP	NAME				1				Change	☐ AUGINOR
TAMPA FL 33618 CITY-S1-ZIP MGRM SMITH, HAROLD SMITH DALE MABRY HWY #183 CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE MAME SIREET ADDRESS CITY-S1-ZIP	STREET ADDRESS	· • · · · · · · · · · · · · · · · · · ·								
NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	l District Control of the Control of			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP TITLE TAMBE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM Delete TITL			TITLE				Change	Addition
TAMPA FL 33618	NAME	I			NAME					
TITLE	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	77.11.11.71.2 000.10								
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE -	_	_!	Delete	 }				☐ Change	Addition
CITY-ST-ZIP					- 1					
TITLE										
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TO Change Addition STREET ADDRESS CITY-ST-ZIP TO CHANGE STREET ADDRESS CITY-ST-ZIP				□ Delete					Change	☐ Addition
STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP Delete TITLE NAME STREET ADDRESS CHY-ST-ZIP Delete TITLE STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP .			ı	Detete						L Addition
Delete	STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP	CTTY-ST-ZIP				CITY-SI-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP . . .	NAME				I					
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .	STREET ADDRESS				I					
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP								*		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			∟ Delete	i				∟J Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP					i					1
	CITY-ST-ZIP				I					. 1
		Certify that the information suppli	ed with this filing doe	s not qualify for the		contained in Section 1	119. Florida Statute	s. I further ce	ertify that the i	nformation

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 resecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: