

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122046

Entity Name: H&S INVESTMENTS, L.L.C.

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

613 BOSPHOROUS AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

613 BOSPHOROUS AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-4062386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCAS, MATTHEW C
500 EAST KENNEDY BLVD., SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

STOLTZFOOS, DION C
613 BOSPHOROUS AVENUE
TAMPA, FL 33606 US

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: DION STOLTZFOOS

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOLTZFOOS, DION C
Address: 613 BOSPHOROUS AVE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: HAILEY, JOSH W
Address: 423 MURFREESBORO RD
City-St-Zip: FRANKLIN, TN 37064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HAILEY, JOSH W
Address: 2442 ADELAIDE DRIVE
City-St-Zip: THOMSON STATIOIN, TN 37179

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: DION STOLTZFOOS

MGRM

07/07/2008

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