

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000011910**

**1. Entity Name**

**HM PROPERTIES OF DELAND, LLC**



**Principal Place of Business**

**899 EAST NEW YORK AVENUE  
DELAND, FL 32724**

**Mailing Address**

**899 EAST NEW YORK AVENUE  
DELAND, FL 32724**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-4539010**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MANCINIK, MARILYN  
899 EAST NEW YORK AVENUE  
DELAND, FL 32724**

**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 re-appointing)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME MANCINIK, WILLIAM L.  
STREET ADDRESS 899 EAST NEW YORK  
CITY-ST-ZIP DELAND, FL 32724**

**TITLE MGRM  
NAME HOFFMANN, BONNIE  
STREET ADDRESS 899 EAST NEW YORK  
CITY-ST-ZIP DELAND, FL 32724**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U000000779717  
01/11/08-80049-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

**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

Date

Daytime Phone #

1/8/08 386-738-5500