

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037424

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: HERNANDEZ & HERNANDEZ LLC

**Current Principal Place of Business:**

2196 HWY 90 N STE.101  
LAKE CITY, FL 32025

**New Principal Place of Business:**

2196 HWY 90 N STE.101  
LAKE CITY, FL 32055

**Current Mailing Address:**

P.O. BOX 1450  
LAKE CITY, FL 32056

**New Mailing Address:**

2196 HWY 90 N STE.101  
LAKE CITY, FL 32055

FEI Number: 20-4666806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUENCA, CARMEN  
101 NW 75TH ST STE 2  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: HERNANDEZ, CRISTINO  
Address: 2196 HWY 90 N STE 101  
City-St-Zip: LAKE CITY, FL 32025

Title: MGM ( ) Delete  
Name: HERNANDEZ, HIDALIA  
Address: 2196 HWY 90 N STE 101  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

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

Title: MGM (X) Change ( ) Addition  
Name: HERNANDEZ, HIDALIA  
Address: 2196 HWY 90 N STE 101  
City-St-Zip: LAKE CITY, FL 32055

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: HIDALIA HERNANDEZ

MGM

03/19/2009

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