

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 004 ****50.00

DOCUMENT # L06000049825

1. Entity Name

H & M INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

60015897

2. Principal Place of Business
9503 LK DOUGLAS PLACE

3. Mailing Address
9503 LK DOUGLAS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number **22-3932582**

Applied For
Not Applicable

Zip
32817

Country
USA

Zip
32817

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

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

1840 Coral Way, 4th Floor

City **MIAMI**

FL Zip Code
33145

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-HECTOR M CRUZ, SR 9503 LK DOUGLAS PL ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM-HECTOR M CRUZ, JR 9503 LK DOUGLAS PL ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM-MAGGIE CRUZ 9503 LK DOUGLAS PL ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Hector M Cruz, Sr.

2/10/07

Date

407-761-2555

Daytime Phone #