

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

01-29-2007 90139 027 ****50.00

DOCUMENT # L06000051960					
1. Entity Name JHH, LLC					
Principal Place of Business 850 SEMINOLE WOODS BLVD GENEVA FL 32732			Mailing Address 850 SEMINOLE WOODS BLVD GENEVA FL 32732		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0865858	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, JAMES H 850 SEMINOLE WOODS BLVD GENEVA FL 32732			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY- ST- ZIP	MGRM HODGES, JAMES H 850 SEMINOLE WOODS BLVD GENEVA FL 32732	☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			1-23-07 407-971-2464		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		