

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-14-2007 90217 045 ****50.00

DOCUMENT # L06000054315					
1. Entity Name H & M ENTERPRISES, LLC					
Principal Place of Business 1633 WEST CANAL STREET NORTH BELLE GLADE, FL 33430 US			Mailing Address P.O. BOX 275 BELLE GLADE, FL 33430 US		
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 42-1706934	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOKER, JEFFERY A 1633 WEST CANAL STREET NORTH BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MANN, TROY J 1633 WEST CANAL STREET NORTH BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. MGR MANN, TROY J 1633 W. CANAL ST. NORTH BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOOKER, JEFFREY A 204 NW AVE L BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. MGR MANN, TROY J 1633 W. CANAL ST. NORTH BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOOKER, JEFFREY A 204 NW AVE L BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. MGR MANN, TROY J 1633 W. CANAL ST. NORTH BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOOKER, JEFFREY A 204 NW AVE L BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. MGR MANN, TROY J 1633 W. CANAL ST. NORTH BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HOOKER, JEFFREY A 204 NW AVE L BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. MGR MANN, TROY J 1633 W. CANAL ST. NORTH BELLE GLADE, FL 33430	
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:			2/12/07 5619965800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30002237



02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
42-1706934

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MANN, TROY J
1633 WEST CANAL STREET NORTH
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ASST. MGR
MANN, TROY J
1633 W. CANAL ST. NORTH
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HOOKER, JEFFREY A
204 NW AVE L
BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #