

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054315

Entity Name: H & M ENTERPRISES, LLC

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

1633 WEST CANAL STREET NORTH  
BELLE GLADE, FL 33430 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 275  
BELLE GLADE, FL 33430 US

**New Mailing Address:**

FEI Number: 42-1706934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOOKER, JEFFERY A  
1633 WEST CANAL STREET NORTH  
BELLE GLADE, FL 33430 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: MGRA ( ) Delete  
Name: MANN, TROY J  
Address: 1633 WEST CANAL STREET NORTH  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: MGR ( ) Delete  
Name: HOOKER, JEFFREY A  
Address: 204 NW AVE L  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOOKER, JEFFREY A  
Address: 1633 WEST CANAL STREET NORTH  
City-St-Zip: BELLE GLADE, FL 33430 US

Title: MGRM (X) Change ( ) Addition  
Name: MANN, TROY  
Address: 1708 NW AVE L, APT. #1  
City-St-Zip: BELLE GLADE, FL 33430

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: JEFFREY A. HOOKER

MGRA

02/20/2008

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