

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060464

Entity Name: HDFW, LLC

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

2207 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2207 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 22-3935024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOLLIMAN, STEPHEN W MGR
2207 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

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 () Delete
Name: FEKIH, HASSAN
Address: 2207 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: HOLLIMAN, STEPHEN W
Address: 2207 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: FEKIH, HASSAN
Address: 2207 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: HOLLIMAN, STEPHEN W
Address: 2207 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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

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

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: HASSAN FEKIH

MGR

05/26/2009

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