

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085964

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: HIDEMAND LLC.

**Current Principal Place of Business:**

24540 SW 109 PLACE  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 924421  
PRINCETON, FL 33092

**New Mailing Address:**

FEI Number: 20-5477102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LYON, KATHRYN R  
24540 SW 109 PLACE  
HOMESTEAD, FL 33032      US

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

RINGGOLD, JOEL R  
24540 SW 109 PLACE  
HOMESTEAD, FL 33032      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: JOEL RINGGOLD      02/19/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS.      ( ) Delete  
Name: LYON, KATHRYN R  
Address: 24540 SW 109TH PLACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LYON, KATHRYN R  
Address: 24540 SW 109TH PLACE  
City-St-Zip: HOMESTEAD, FL 33032 US

Title: MGR      ( ) Change (X) Addition  
Name: RINGGOLD, JOEL R  
Address: 24540 SW 109TH PLACE  
City-St-Zip: HOMESTEAD, FL 33032 US

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: JOEL RINGGOLD      MGR      02/19/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date