

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000093786

1. Entity Name

HHC III, LLC



Principal Place of Business

520 GERBER STREET
LIGONIER IN 46767
US

Mailing Address

POST OFFICE BOX 500
520 GERBER STREET
LIGONIER IN 46767
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

20-5973789

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPAOLA, JASON M ESQ.
PORGES, HAMLIN, ET AL.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

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 registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
P HAGEN, MARK D
STREET ADDRESS
520 GERBER STREET
CITY-ST-ZIP
LIGONIER IN 46767

TITLE ☐ Change ☐ Addition
NAME
U000000806956
STREET ADDRESS
02/06/08-20061-024 138.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
VP HAGEN, NANCY B
STREET ADDRESS
520 GERBER STREET
CITY-ST-ZIP
LIGONIER IN 46767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Mark D. Hagen MARK D. HAGEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/2008 260-856-7800

Date

Daytime Phone #