

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90102 036 ***138.75

DOCUMENT # L06000099086

1. Entity Name
HPD SHEPHERD LLC



Principal Place of Business
13014 N. DALE MABRY HWY.
SUITE 356
TAMPA, FL 33618

Mailing Address
13014 N. DALE MABRY HWY.
SUITE 356
TAMPA, FL 33618

50002989



2. Principal Place of Business - No P.O. Box #
13907 CARROLLWOOD VILLAGE RUN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-LLC CR2E083 (12/06)

City & State
TAMPA FL

City & State

4. FEI Number
26-0287737

Applied For
Not Applicable

Zip
33618

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RAPPAPORT, JASON
13014 N. DALE MABRY HWY.
SUITE 356
TAMPA, FL 33618

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE MGR ☐ Delete
NAME RAPPAPORT, JASON
STREET ADDRESS 2605 ESPANA CT
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGR ☐ Delete
NAME FAIRBANKS, GARY
STREET ADDRESS 13014 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 13014 N. DALE MABRY HWY. STE 356
CITY-ST-ZIP

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

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

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

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

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:

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

Date

Daytime Phone #

Raymond L. Fairbanks LARRY A. FAIRBANKS 4/11/08 813-269-0899