

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003929

Entity Name: HAD, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487

Current Mailing Address:

5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487

New Principal Place of Business:

2895 S FEDERAL HWY
B-3F
DELRAY BEACH, FL 33483

New Mailing Address:

2895 S FEDERAL HWY
B-3F
DELRAY BEACH, FL 33483

FEI Number: 26-0359743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, HOWARD
5301 N FEDERAL HWY
#380
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

BLOOM, HOWARD
2895 S FEDERAL HWY
B-3F
DELRAY BEACH, FL 33483 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOOM, HOWARD
Address: 5301 N FEDERAL HWY #380
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: BLOOM, DIANE
Address: 5301 N FEDERAL HWY #380
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLOOM, HOWARD
Address: 2895 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Change () Addition
Name: BLOOM, DIANE
Address: 2895 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

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: HOWARD BLOOM

MGR

04/28/2009

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