2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000026486

1. Entity Name
HBF LLC

FILED
2009 JUL 11 P 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1108 S. NORTH LAKE DRIVE
HOLLYWOOD, FL 33019

Mailing Address
1108 S. NORTH LAKE DRIVE
HOLLYWOOD, FL 33019

2. Principal Place of Business - No P.O. Box #
2401 College Avenue
Suite, Apt. #, etc.
City & State
Davie, FL
Zip
33317
Country

3. Mailing Address
2401 College Avenue
Suite, Apt. #, etc.
City & State
Davie, FL
Zip
33317
Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8617545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BANASZAK, SARAH L
1108 S. NORTH LAKE DRIVE
HOLLYWOOD, FL 33019

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 S. Howard Banaszak Jr. 2-27-08
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Howard Banaszak Jr 2401 College Avenue Davie, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	01/09/08 90031001 $138.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 1-4-08 954 476 1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #