

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034967

Entity Name: H&H LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3751 E FOWLER AVE.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

3751 E FOWLER AVE.  
TAMPA, FL 33612 US

**New Mailing Address:**

18106 PARADISE POINT DRIVE  
TAMPA, FL 33647 US

FEI Number: 83-0473360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONK, LISA  
3751 E. FOWLER AVE  
TAMPA, FL 33612 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOFFMAN, JUDITH  
Address: 3751 E FOWLER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: MGR  
Name: HOFFMAN, FRANK M.D.  
Address: 3751 E FOWLER AVE.  
City-St-Zip: TAMPA, FL 33612 US

Title: MGR  
Name: BEEBEE, ANGIE  
Address: 3751 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: MGR  
Name: KUMAR, VEERENDRA  
Address: 3751 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33612 US

I hereby 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: FRANK HOFFMAN, M.D.

MGR

01/05/2010

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