

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040866

Entity Name: H.C. OF ORLANDO, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-8805286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, RAY F
4468 VIENNA WOODS WAY
GAINESVILLE, FL 32605 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: MGR () Delete
Name: ALLEN, RAY F
Address: 4468 VIENNA WOODS WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM () Delete
Name: ALLEN, MICHAEL
Address: 8470 S.W. 10 PLACE
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete
Name: AMERSON, PAT
Address: 144 LOUANA COVE
City-St-Zip: HOT SPRINGS, AR 71913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAY ALLEN

MBR

03/24/2009

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