

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040964

Entity Name: HGKR GROUP LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

17850 NE 5TH AVENUE  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

17850 NE 5TH AVENUE  
MIAMI, FL 33162

**New Mailing Address:**

FEI Number: 27-0950288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMS, WADE  
17850 NE 5TH AVENUE  
MIAMI, FL 33162 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: COOM  
Name: HELMS, WADE  
Address: 17850 NE 5TH AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: CFOT  
Name: GOODSON, DEAN  
Address: 17850 NE 5TH AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: MGR  
Name: ROBERTS, ROBERT  
Address: 17850 NE 5 AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: MGR  
Name: HELMS, EDD  
Address: 17850 NE 5 AVENUE  
City-St-Zip: MIAMI, FL 33162

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: WADE HELMS

COOM

01/07/2010

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