

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043125

Entity Name: HF SOLUTIONS, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

2462 ARLINGTON ST
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2462 ARLINGTON ST
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 20-8892111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCIOPPO, KIMBERLY J
2462 ARLINGTON ST
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

DELCIOPPO, CHRISTOPHER M
2462 ARLINGTON ST
SARASOTA, FL 34239 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: CHRISTOPHER DELCIOPPO

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELCIOPPO, KIMBERLY J
Address: 2462 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR () Delete
Name: DELCIOPPO, MARY K
Address: 2462 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELCIOPPO, CHRISTOPHER M
Address: 2462 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239 US

Title: MGR (X) Change () Addition
Name: DELCIOPPO, JOHN P
Address: 2462 ARLINGTON ST
City-St-Zip: SARASOTA, FL 34239 US

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: CHRISTOPHER DELCIOPPO

MGRM

04/18/2008

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