

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057194

Entity Name: HRC UNLIMITED, LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

20435 SW 89TH AVENUE
MIAMI, FL 33189 US

New Principal Place of Business:

20435 SW 89TH AVENUE
CUTLER BAY, FL 33189 US

Current Mailing Address:

20435 SW 89TH AVENUE
MIAMI, FL 33189 US

New Mailing Address:

20435 SW 89TH AVENUE
CUTLER BAY, FL 33189 US

FEI Number: 26-0263333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRIPPEN, CHRISTIAN
20435 S.W. 89TH AVENUE
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

CRIPPEN, CHRISTIAN
20435 S.W. 89TH AVENUE
CUTLER BAY, FL 33189 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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRIPPEN, CHRISTIAN
Address: 20435 SW 89TH AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: MGRM () Delete
Name: PINA, CAROLYN
Address: 20435 SW 89TH AVENUE
City-St-Zip: MIAMI, FL 33189 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRIPPEN, CHRISTIAN
Address: 20435 SW 89TH AVENUE
City-St-Zip: CUTLER BAY, FL 33189 US

Title: MGRM (X) Change () Addition
Name: PINA, CAROLYN
Address: 20435 SW 89TH AVENUE
City-St-Zip: CUTLER BAY, FL 33189 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: CAROLYN PINA

MGRM

01/11/2008

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