2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State 05-02-2008 90017 018 ***138.75

DOCUMENT # L07000087589 1. Entity Name H L RUSS, LLC					03-02-2008 90017 018 *** 138.73			
Principal Place of Business 12714 DARREN PLACE		Mailing Address 12714 DARREN PLACE		60038083				
RIVERVIEW,	FL 33569 US	RIVERVIEW, FL 33569	RIVERVIEW, FL 33569 US		ŀ			
2 Principal P	Place of Business - No P.O. Box #	3. Mailing Address		, .				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008	Chg-LLC	CR2E083 (12	/06)	
City & State		City & State		4. FEI Number 237	14-910	1a.	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New R		
RUSS, JO	YCE R		1	Name				
12714 DARREN PLACE RIVERVIEW, FL 33569			S	Street Address (P.O. Box Number	is Not Acceptable)	
				Dity			- = :7in	Codo
				' PL ' ' ' '				
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered o	office or register	red agent, or both	, in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable. (NOT	TE: Registered Age	jent signature required	when reinstating)		DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.1	75					e check payable Department of	
After May	y 1, 2008 Fee will be \$538.	75 BERS/MANAGERS	10.				Department of	
9.	y 1, 2008 Fee will be \$538.1 MANAGING MEME MGRM	<u>. </u>	TITLE			Florida	Department of	State
After May	y 1, 2008 Fee will be \$538.	BERS/MANAGERS	_	DDRESS		Florida	CHANGES	State
9. FITLE	MANAGING MEME MGRM RUSS, HAROLD L	BERS/MANAGERS	TITLE NAME			Florida	CHANGES	State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMI MGRM RUSS, HAROLD L 12714 DARREN PLACE	BERS/MANAGERS	TITLE NAME STREET AL CITY-ST-			Florida	CHANGES	State
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.