

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000094662

FILED
Jul 03, 2009
Secretary of State**Entity Name:** HSB OF NORTHEAST FLORIDA REALTY, LLC**Current Principal Place of Business:**10175 FORTUNE PARKWAY
SUITE 104
JACKSONVILLE, FL 32256**New Principal Place of Business:****Current Mailing Address:**10175 FORTUNE PARKWAY
SUITE 104
JACKSONVILLE, FL 32256**New Mailing Address:****FEI Number:** 26-1121994**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKEDORF, TAMMY
921 EAST PLEASANT PLACE
ST JOHNS, FL 32259 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:** MGRM () Delete
Name: BECKEDORF, TAMMY
Address: 921 EAST PLEASANT PLACE
City-St-Zip: ST JOHNS, FL 32259**Title:** MGRM (X) Delete
Name: SELLERS, KRISTI L
Address: 753 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082**ADDITIONS/CHANGES:****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: TAMMY BECKEDORF

MGRM

07/03/2009

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