

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095146

Entity Name: LHH, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

1800 NE 114TH STREET #801
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

1800 NE 114TH STREET #801
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 26-0792341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUCK, MIKHEL
1800 NE 114TH STREET #801
NORTH MIAMI, FL 33181 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCK, MIKHEL
Address: 1800 NE 114TH STREET #801
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: BUA, MARY ANN
Address: 2 SHADY LANE
City-St-Zip: LODI, NJ 07644

Title: MGRM () Delete
Name: NOVOSHELSKI, FAY
Address: 12 PERRY DRIVE
City-St-Zip: BRICK, NJ 08723

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIKHEL BUCK

MGRM

07/08/2008

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