## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000005499

Entity Name: THE HAYDEN GROUP, LLC

2024 S.W. PRUITT STREET

PORT ST. LUCIE, FL 34953

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2024 S.W. PRUITT STREET PORT ST. LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 2024 S.W. PRUITT STREET PORT ST. LUCIE, FL 34953 FEI Number: 22-3974749 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SPIEGEL & UTRERA, P.A. TRICIA M. PRIDE 1840 SW 22ND ST. 2024 SW PRUITT STREET 4TH FLOOR PORT ST LUCIE, FL 34953 US MIAMI, FL 33145 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: TRICIA M PRIDE 04/13/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PRIDE, TRICIA M Name: Name: 2024 S.W. PRUITT STREET Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition Name: PRIDE, JOHN C Name: Address: 2024 S.W. PRUITT STREET Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition PRIDE, TRICIA M Name: Name: 2024 S.W. PRUITT STREET Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: PRIDE, JOHN C Name:

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.

Address:

City-St-Zip:

SIGNATURE: TRICIA M PRIDE MGR 04/13/2009