

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008708

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: THE HAMBY, LLC

## Current Principal Place of Business:

325 W FORSYTH ST  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

521 W FORSYTH ST  
JACKSONVILLE, FL 32202 US

## Current Mailing Address:

10175 FORTUNE PKWY  
305A  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

10175 FORTUNE PKWY  
902  
JACKSONVILLE, FL 32256 US

FEI Number: 26-1819283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELI, ADAM  
10175 FORTUNE PKWY  
305A  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

DELI, ADAM  
10175 FORTUNE PKWY  
902  
JACKSONVILLE, FL 32256 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: ADAM DELI

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ADKINS, MAYA E  
Address: 1958 EVENTIDE ROAD  
City-St-Zip: ST JOHNS, FL 32259 US

Title: MGRM (X) Delete  
Name: DELI, ADAM  
Address: 10175 FORTUNE PKWY, 305A  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete  
Name: HAMILL, BRENNAN  
Address: 4236 PALMER AVE  
City-St-Zip: JACKSONVILLE, FL 32210 US

## 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: ADAM DELI

RA

04/27/2009

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