

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026027

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: HDH GRAPHICS, LLC.

## Current Principal Place of Business:

821 LINDENWOOD CIR E  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

1297 NORTH US HWY. 1  
SUITE 6  
ORMOND BEACH, FL 32174 US

## Current Mailing Address:

821 LINDENWOOD CIR E  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

1297 NORTH US HWY. 1  
SUITE 6  
ORMOND BEACH, FL 32174 US

FEI Number: 26-2166972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAYNES, KYLE  
508 VICTORIA HILLS DRIVE  
DELAND, FL 32724 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: HAYNES, KYLE  
Address: 508 VICTORIA HILLS DRIVE  
City-St-Zip: DELAND, FL 32724 US

Title: MGRM ( ) Delete  
Name: DAY, BRYAN  
Address: 189 CLOVERDALE CRT  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete  
Name: HAYNES, JASON  
Address: 821 LINDENWOOD CIR E  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete  
Name: HAYNES, DAVID  
Address: 5 HOLLY RIDGE TR.  
City-St-Zip: ORMOND BEACH, FL 32174 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:

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: KYLE HAYNES

MGRM

03/04/2009

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