

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032497

Entity Name: HIP EXPRESSIONS, LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

5706 17TH AVENUE SOUTH  
ST. PETERSBURG, FL 33707

## New Principal Place of Business:

1108 62ND AVE. N  
ST. PETERSBURG, FL 33702

## Current Mailing Address:

P. O. BOX 530836  
ST. PETERSBURG, FL 33747

## New Mailing Address:

PO BOX 530836  
ST PETERSBURG, FL 33747

FEI Number: 26-2304499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRYNYTZKY, JOHANNA  
5706 17TH AVENUE SOUTH  
ST. PETERSBURG, FL 33707 US

## Name and Address of New Registered Agent:

KRYNYTZKY, JOHANNA  
5706 17TH AVENUE SOUTH  
GULFPORT, FL 33707 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: JOHANNA KRYNYTZKY

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KRYNYTZKY, JOHANNA  
Address: P. O. BOX 530836  
City-St-Zip: ST. PETERSBURG, FL 33747

Title: MGRM ( ) Delete  
Name: COLETTI, KAREN  
Address: P. O. BOX 530836  
City-St-Zip: ST. PETERSBURG, FL 33747

## 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: JOHANNA KRYNYTZKY

DIR

04/27/2009

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