## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000070871

Name:

Address:

City-St-Zip:

HAYNES, KYLE

508 VICTORIA HILLS DRIVE

DELAND, FL 32724 US

Entity Name: HDH INVESTMENTS, LLC

FILED Apr 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 508 VICTORIA HILLS DRIVE 1297 NORTH US HWY 1 DELAND, FL 32724 ORMOND BEACH, FL 32174 US **Current Mailing Address:** New Mailing Address: 1297 NORTH US HWY 1 508 VICTORIA HILLS DRIVE DELAND, FL 32724 ORMOND BEACH, FL 32174 US FEI Number: 26-3039605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMERICAN SAFETY COUNCIL, INC. BRYAN, DAY A PARTNER 5125 ADANSON ST. 1297 NORTH US HWY. 1 SUITE 500 SUITE 6 ORLANDO, FL 32804 US ORMOND BEACH, FL 32174 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: BRYAN DAY 04/27/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DAY, BRYAN Name: Name: 189 CLOVERDALE CT. Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HAYNES, DAVID Name: Address: 5 HOLLY RIDGE TR. Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAYNES, JASON Name: Name: 821 LINDENWOOD CIR. E Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRYAN DAY MGRM 04/27/2009