

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075403

Entity Name: HSD OF CENTRAL FLORIDA, LLC

FILED  
Apr 10, 2009  
Secretary of State

## Current Principal Place of Business:

4142 MARINER BLVD., #238  
SPRING HILL, FL 34609

## New Principal Place of Business:

4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609

## Current Mailing Address:

4142 MARINER BLVD., #238  
SPRING HILL, FL 34609

## New Mailing Address:

4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VANCE, KIM H  
201 N. FRANKLIN STREET, SUITE 220  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

JOHN, BURGESS M  
4142 MARINER BLVD.  
#238  
SPRING HILL, FL 34609 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: JOHN M BURGESS

04/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BURGESS, JOHN M  
Address: 4142 MARINER BLVD., #238  
City-St-Zip: SPRING HILL, FL 34609

## ADDITIONS/CHANGES:

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: JOHN M BURGESS

MGRM

04/10/2009

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