

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000079166

Entity Name: HSOF LLC

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

101 CIRCLE DR  
NOKOMIS, FL 34274

**New Principal Place of Business:**

101 CIRCLE DR  
NOKOMIS, FL 34275

**Current Mailing Address:**

PO BOX 913  
NOKOMIS, FL 34274

**New Mailing Address:**

FEI Number: 26-3211218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR  
Name: LESTER, HERBERT  
Address: 101 CIRCLE DR  
City-St-Zip: NOKOMIS, FL 34275

Title: ST  
Name: LESTER, HERBERT  
Address: 101 CIRCLE DR  
City-St-Zip: NOKOMIS, FL 34275

I hereby 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: HERB LESTER

MGR

04/04/2012

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