

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000085073

Entity Name: HRSD TECHNOLOGIES, LLC

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1232 ROCK SPRINGS ROAD  
SUITE 102  
APOPKA, FL 32712 US

## **New Principal Place of Business:**

165 SABAL PALM DR  
SUITE 103  
LONGWOOD, FL 32779 US

## **Current Mailing Address:**

1232 ROCK SPRINGS ROAD  
SUITE 102  
APOPKA, FL 32712 US

## **New Mailing Address:**

P.O. BOX 2447  
APOPKA, FL 32704 US

FEI Number: 26-3332142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DAVILA, STANLEY  
470 CHAPELWOOD DRIVE  
APOPKA, FL 32712 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  
Name: DAVILA, STANLEY  
Address: 470 CHAPELWOOD DRIVE  
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM  
Name: HAUSER, RICHARD A  
Address: 594 WEKIVA CREST DRIVE  
City-St-Zip: APOPKA, FL 32712 US

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: STANLEY DAVILA

MGRM

04/14/2011

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