

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107136

**Entity Name:** HDB ENTERPRISES, LLC

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

179 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947

**New Principal Place of Business:**

**Current Mailing Address:**

13435 S. MCCALL RD #233  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

**FEI Number:** 36-4644902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDREWS-GRASS, CAROL  
179 SPORTSMAN ROAD  
ROTONDA WEST, FL 33947 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:** ANDREWS-GRASS, CAROL  
**Address:** 179 SPORTSMAN ROAD  
**City-St-Zip:** ROTONDA WEST, FL 33947

**Title:** MGRM  
**Name:** HANSEN, CORI  
**Address:** 4128 LITTLE GAP LOOP  
**City-St-Zip:** ELLENTON, FL 34222

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:** CAROL ANDREWS-GRASS

MGRM

05/14/2012

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