

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116398

Entity Name: HIPPO USA, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

3630 WEST KENNEDY BLVD.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

3630 WEST KENNEDY BLVD.  
TAMPA, FL 33606

**New Mailing Address:**

3630 WEST KENNEDY BLVD.  
TAMPA, FL 33609

FEI Number: 26-4307794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLVES, BRIAN A  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BOLVES, BRIAN & DEBRA  
Address: 62 ADALIA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Change (X) Addition  
Name: FRASER, GERALD A  
Address: 605 BOSPHOROUS AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Change (X) Addition  
Name: BURKS, JOHN B III  
Address: 500 S. HIMES AVENUE, APT 45  
City-St-Zip: TAMPA, FL 33609

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: BRIAN A. BOLVES

MGRM

04/24/2009

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