

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000275

Entity Name: HSAS OF FLA, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5093 OUTLOOK DRIVE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

2144 H R LANE  
COCOA, FL 32926

**Current Mailing Address:**

5093 OUTLOOK DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

2144 H R LANE  
COCOA, FL 32926

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KINBERG, EDWARD J  
C/O KINBERG & ASSOCIATES, LLC  
1290 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 US

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

DAWN, BUTTERFIELD J  
2144 H R LANE  
COCOA, FL 32926 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: DAWN BUTTERFIELD

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUTTERFIELD, DAWN  
Address: 2144 H R LANE  
City-St-Zip: COCOA, FL 32926

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: DAWN BUTTERFIELD

PRES

04/30/2011

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