

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000076866

Entity Name: AHHA, LLC

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

**Current Principal Place of Business:**

4912 W. MELROSE AVE. S.  
TAMPA, FL 33629

**New Principal Place of Business:**

400 N. ASHLEY DRIVE  
STE 1550  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 3121  
TAMPA, FL 33601

**New Mailing Address:**

400 N. ASHLEY DRIVE  
STE 1550  
TAMPA, FL 33602

FEI Number: 27-3099750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAWKINS, CRAIG R  
112 W. PRINCE STREET  
TAMPA, FL 33612 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: MGMR  
Name: INCSYNC, LLC  
Address: 400 N. ASHLEY DRIVE, STE 1550  
City-St-Zip: TAMPA, FL 33602

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: INCSYNC

MGMR

01/04/2012

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