

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008999

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** HLID LLC

**Current Principal Place of Business:**

1610 SEAGRAPE WAY  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1610 SEAGRAPE WAY  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ULFARSSON, OLGA  
1610 SEAGRAPE WAY  
HOLLYWOOD, FL 33019 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: ULFARSSON, OLGA  
Address: 1610 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM  
Name: ULFARSSON, JAKOB  
Address: 1610 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM  
Name: ULFARSSON, BJORW  
Address: 2398 SEV. NEAL RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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:** OLGA ULFARSSON

MS

01/07/2012

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