

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000020331

Entity Name: HID UNLIMITED LLC

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

114 EAST LAUREN CT  
CASSELBERRY, FL 32730 US

**New Principal Place of Business:**

**Current Mailing Address:**

114 EAST LAUREN CT  
CASSLEBERRY, FL 32730 US

**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:**

LIBERIS, JOSEPH  
114 EAST LAUREN CT  
CASSLEBERRY, FL 32730 US

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

CENTRAL FLORIDA ACCOUNTANTS  
933 LEE RD.  
STE 401  
ORLANDO, FL 32810 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: RAMON MARTINEZ

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LIBERIS, JOSEPH  
Address: 114 EAST LAUREN CT  
City-St-Zip: CASSLEBERRY, FL 32730 US

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: JOSEPH LIBERIS

MGRM

04/23/2012

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