

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *W 8/4*
99 AUG -3 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002076

HLS HOLDING, L.L.C.
P.O. BOX 420669
KISSIMMEE FL 34742-0669

1a. Principal Place of Business Address

~~2261 MARINER COVE~~
~~KISSIMMEE FL 34746~~
~~XXXXXX XXXX XXXX XXXX XXXX XXXX XXXX~~
~~XXXXXX XXXX XXXX XXXX XXXX XXXX XXXX~~

2. Principal Place of Business

101 Park Place Blvd.

Suite, Apt. #, etc.

Ste. 1

City & State

Kissimmee, FL

Zip

34741

Country

USA

2a. Mailing Address

P.O. Box 420669

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34742-0669

Country

USA

3. Date Organized or Qualified

10/01/1998

3a. State of Formation

FL

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

SMITH, HANNAH L
2261 MARINER COVE
KISSIMMEE FL 34746

8. Name and Address of New Registered Agent/Office

Name

Vanna K. Baker

Street Address (P.O. Box Number is Not Acceptable)

101 Park Place Blvd.

Suite, Apt. #, etc.

Ste. 1

City

Kissimmee,

Zip Code

FL

34741

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Vanna K. Baker

DATE

7-28-99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SMITH, HANNAH L	P.O. BOX 420669	KISSIMMEE FL
			600002953236--7 -08/06/99--01084--024 ****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-28-99 (407) 933-1980

Date:

Daytime Phone #

HLS Holding, L.L.C.

Hannah L. Smith
P. O. Box 420669
Kissimmee, FL 34742-0669
Phone (407) 933-1980
Fax (407) 933-4434

FILED
99 AUG -3 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 28, 1999

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

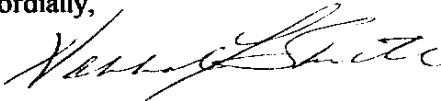
Re: HLS Holding, L.L.C.

Dear Sir/Madam,

This letter shall serve as notice that we never received the first mailing of the 1999 Annual Report.

Please feel free to contact me if there are any questions regarding this matter.

Cordially,



Hannah L. Smith
Managing Member



HLS:cmm

The above mentioned person is personally known to me, a Notary Public in and for the County of Osceola, State of Florida, on this 28th day of July, 1999.


Notary Public