


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90006 043 ***143.75

DOCUMENT # L99000004845	
1. Entity Name EHF, LLC	

Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401	Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401
--	--

60039608



2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD Suite, Apt. #, etc. Ste # 1120 City & State Winter Park, FL. Zip 32792 Country US	3. Mailing Address 1155 S. SEMORAN BLVD Suite, Apt. #, etc. Ste # 1120 City & State Winter Park, FL. Zip 32792 Country US
--	--

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3605650

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TEPLITSKY, IGOR 1155 SOUTH SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEPLITSKY, IGOR 1155 SOUTH SEMORAN BLVD., SUITE 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPLITSKY, LILIAN 1155 SOUTH SEMORAN BOULEVARD SUITE 1120 WINTER PARK, FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4-18-08 407-571-4305 Date Daytime Phone #
---	--