

138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002423

1. Entity Name
H-D F&R, LLC



Principal Place of Business
3700 W JUNEAU AVENUE
MILWAUKEE, WI 53208

Mailing Address
3700 W JUNEAU AVENUE
MILWAUKEE, WI 53208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2062016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR ☐ Delete
NAME LIONE, GAIL A
STREET ADDRESS 3700 W JUNEAU AVENUE
CITY-ST-ZIP MILWAUKEE, WI 53208

TITLE MGR ☐ Delete
NAME ZIEMER, JAMES L
STREET ADDRESS 3700 W JUNEAU AVENUE
CITY-ST-ZIP MILWAUKEE, WI 53208

TITLE MGR ☒ Delete
NAME BROSTOWITZ, JAMES M
STREET ADDRESS 3700 W JUNEAU AVENUE
CITY-ST-ZIP MILWAUKEE, WI 53208

TITLE ☐ Delete
NAME *M1/23*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME GLASSCOW, PERRY A
STREET ADDRESS 3700 W JUNEAU AVENUE
CITY-ST-ZIP MILWAUKEE, WI 53208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900116369269
01/29/08--01039--020 **866.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Gail A. Lione, Executive Vice President and Secretary

1/8/08.

FILED
08 JAN 18 PM 1:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

