

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002876

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HRESSINGARSKALINN EHF, LLC

**Current Principal Place of Business:**

AUSTURSTRAETI 20  
101 REYKJAVIK, IC 101 ICELA

**New Principal Place of Business:**

**Current Mailing Address:**

AUSTURSTRAETI 20  
101 REYKJAVIK, IC 101 ICELA

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SIMONS, BARRY L ESQ.  
9100 SOUTH DADELAND BLVD.  
SUITE 400  
MIAMI, FL 33156 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:** MGR  
**Name:** MOINICHEN, EINAR STURLA  
**Address:** BRAGAGOTU 34  
**City-St-Zip:** 101 REYKJAVIK, IC ICELAND

**Title:** MGR  
**Name:** HILMARSSON, VALDIMAR  
**Address:** GRANDAVEGI 7  
**City-St-Zip:** 101 REYKJAVIK, IC ICELAND

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:** EINAR STURLA MOINICHEN

MGR

04/28/2012

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