


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**


04-18-2008 90152 049 \*\*\*138.75

<b>DOCUMENT # L07000082866</b>	
1. Entity Name HUNOVA TRANS, LLC	

Principal Place of Business 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US	Mailing Address 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # 2015 S TUTTLE AVE Suite, Apt. #, etc.	3. Mailing Address 2015 S TUTTLE AVE Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL
Zip 34239	Country USA
Zip 34239	Country USA



01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 98-0546313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SZAFRICS, IMRE  
 424 E CENTRAL BLVD  
 # 106  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name  
Imworld Services, Inc

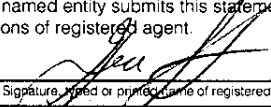
Street Address (P.O. Box Number is Not Acceptable)

424 E Central Blvd # 106

City  
Orlando

FL Zip Code  
32801

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  Imre Szafrics DATE 1/22/2008

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKAB, ATTILA GARDONYI UTCA 17 NAPKOR, HU 4552 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKAB, TIBOR DOZSA GYORGY UTCA 106 NYIRTELEK, HU 4461 <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:**  **ATTILA JAKAB** 2008 03.26

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #