

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000096568

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** HANY FLOWERS LLC

**Current Principal Place of Business:**

4645 ASHBURN SQUARE DR  
TAMPA, FL 33610 US

**New Principal Place of Business:**

4645 ASHBURN SQUARE DR  
TAMPA, FLORIDA 33610  
TAMPA, FL 33610 US

**Current Mailing Address:**

4645 ASHBURN SQUARE DR  
TAMPA, FL 33610 US

**New Mailing Address:**

4645 ASHBURN SQUARE DR  
TAMPA, FLORIDA 33610  
TAMPA, FL 33610 US

FEI Number: 27-3463334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEULNER, JEFFREY R PRES,  
4645 ASHBURN SQUARE DR  
TAMPA, FL 33610 US

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

FEULNER, JEFFREY R VPRES,  
4645 ASHBURN SQUARE DR  
TAMPA, FLORIDA 33610  
TAMPA, FL 33610 US

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: JEFFREY FEULNER

03/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: FEULNER, JEFFREY R  
Address: 4645 ASHBURN SQUARE DR  
City-St-Zip: TAMPA, FL 33610 US

Title: MGRM  
Name: MARTINEZ, RICARDO  
Address: 4647 AHSBURN SQUARE DR  
City-St-Zip: TAMPA, FL 33610 LO

Title: MGRM  
Name: HURTADO, JOHAN A  
Address: 4645 ASHBURN SQUARE DR  
City-St-Zip: TAMPA, FL 33610 LO

Title: MGRM  
Name: HURTADO, JORGE  
Address: 4645 ASHBURN SQUARE DR  
City-St-Zip: TAMPA, FL 33610 US

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: JEFFERY FEULNER

VPRE

03/28/2011

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