

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097920

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC7870499615**

**Entity Name:** HANAN'S ACADEMIES OF EXCELLENCE, LLC

**Current Principal Place of Business:**

13250 NW 28TH AVENUE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

13250 NW 28TH AVENUE  
OPA LOCKA, FL 33054 US

**FEI Number:** 46-3211359

**Certificate of Status Desired:** Yes

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

ALI, AMEENA H  
13250 NW 28TH AVENUE  
OPA LOCKA, FL 33054 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ALI, AMEENA H  
Address 13250 NW 28TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

Title MGRM  
Name ALI, AHMED B  
Address 13250 NW 28TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

Title MGRM  
Name ALI, CHALLAR S  
Address 13250 NW 28TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMEENA H. ALI

**MGRM**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date