

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000562

1. Entity Name
HFN, L.L.C.



Principal Place of Business

5020 COMMERCE PARK CIRCLE
PENSACOLA, FL 32505

Mailing Address

5020 COMMERCE PARK CIRCLE
PENSACOLA, FL 32505



02242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWER, CHARLES
5020 COMMERCE PARK CIRCLE
PENSACOLA, FL 32505

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME MURRAY, PATRICK
STREET ADDRESS 5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D
NAME HERRON, WARREN L JR
STREET ADDRESS 5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D
NAME TAN, THOMAS
STREET ADDRESS 5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D
NAME ZIMMERN, WILLIAM
STREET ADDRESS 5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000279426
03/28/05-80067-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #