

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2007 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



01182007 No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
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, 2007**

U00000660830
03/20/07-80017-002 50.00

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 2/19/07

Daytime Phone # _____