

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90020 005 ****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

1/22/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PARKER, G. RONALD
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MURRAY, PATRICK
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HERRON, WARREN L JR
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
TAN, THOMAS
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ZIMMERN, WILLIAM
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MCLEOD, PAUL
5020 COMMERCE PARK CIRCLE
PENSACOLA FL 32505

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Addition

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

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

Date

Daytime Phone #

CR2E083 (10/02)