

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001732

FILED
Jan 20, 2009
Secretary of State

Entity Name: HARE RAM, L.L.C.

Current Principal Place of Business:

1505 EAST FOWLER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1505 EAST FOWLER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3625540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, CHIRAG V
12106 STEPPINGSTONE BLVD.
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, CHIRAG V
Address: 12106 STEPPINGSTONE BLVD.
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: PATEL, NARENDRA
Address: 12202 N 22ND ST., APT. 514
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: PATEL, SHILESH
Address: 16453 ENCLAVE VILLAGE DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NARENDRA PATEL

MGRM

01/20/2009

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