

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002700

Entity Name: HAGEN ASSOCIATES, LLC

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

10554 PONTOFINO CIRCLE
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

10554 PONTOFINO CIRCLE
TRINITY, FL 34655

New Mailing Address:

FEI Number: 59-3644384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: FUSCO, SALVATORE J
Address: 10554 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: MGRM () Delete
Name: FUSCO, ALBERT J
Address: 1591 EAGLES REACH
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM () Delete
Name: FUSCO, NICHOLAS A
Address: 10554 PONTOFINO CIRCLE
City-St-Zip: TRINITY, FL 34655

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: SALVATORE J. FUSCO

MGMR

03/02/2009

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