

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90041 023 \*\*\*\*50.00

**DOCUMENT # L00000003696**

1. Entity Name  
**HAMAL, LLC**



Principal Place of Business  
**9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569**

Mailing Address  
**P.O. BOX 5299  
TAMPA, FL 33675-5299 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**59-3638710**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**HARRIS, TRACY J JR.  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569**

## 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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **HARRIS, TRACY J JR**  
STREET ADDRESS **701 INDIANA AVENUE**  
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **MGRM** ☐ Delete  
NAME **KEARNEY, BING**  
STREET ADDRESS **911 SEDDON COVE WAY**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **HARRIS, TRACY J JR**  
STREET ADDRESS **9625 WES KEARNEY WAY**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **KEARNEY, BING C.W. JR**  
STREET ADDRESS **9625 WES KEARNEY WAY**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**TRACY J. HARRIS, JR 4/12/06**

Date

Daytime Phone #

813-621-0855