

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007115

FILED
Apr 22, 2008
Secretary of State

Entity Name: HUNAN OF LAKE LAND, LLC

Current Principal Place of Business:

4215 SOUTH FLORIDA AVENUE
LAKE LAND, FL 33813

New Principal Place of Business:

4525 SOUTH FLORIDA AVENUE #31
LAKE LAND, FL 33813

Current Mailing Address:

4215 SOUTH FLORIDA AVENUE
LAKE LAND, FL 33813

New Mailing Address:

4525 SOUTH FLORIDA AVENUE #31
LAKE LAND, FL 33813

FEI Number: 04-3620671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JON H ESQUIRE
C/O JON H. ANDERSON, P.A.
4927 SOUTHFORK DRIVE
LAKE LAND, FL 33813 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: XIU ZHI LIU,
Address: 4215 SOUTH FLORIDA AVENUE
City-St-Zip: LAKE LAND, FL 33813

Title: MGRM () Delete
Name: TIN HUNG LIU,
Address: 4215 SOUTH FLORIDA AVENUE
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: XIU ZHI LIU,
Address: 4525 SOUTH FLORIDA AVENUE#31
City-St-Zip: LAKE LAND, FL 33813

Title: MGRM (X) Change () Addition
Name: TIN HUNG LIU,
Address: 4525 SOUTH FLORIDA AVENUE #31
City-St-Zip: LAKE LAND, FL 33813

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: XIU ZHI LIU

MGRM

04/22/2008

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