LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/05/03--01051--018 **526.25

DOCUMENT # L02000032409

1. Entity Name

Hasvando, LC

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2. Principal Place of Business	3. Mailing Address
4445 N. A1A	4445 N. A1A
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Vero Beach , FL	City & State Vero Beach , FL
Zip 32963 Country USA	Zip 32963 Country USA

4. FEI Number 52-2388176 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name LAW OFFICES OF IRA C. HATCH

Street Address (P.O. Box Number is Not Acceptable) 1701 HIGHWAY A1A, SUITE 220

City VERO BEACH FL Zip Code 32963

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 all the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS / MANAGERS

TITLE	General Partner
NAME	Hans Grimm, MGRM
STREET ADDRESS	4445 N. A1A
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	General Partner
NAME	Joyce M. Kober, MGRM
STREET ADDRESS	4445 N. A1A
CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/02)

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: Joyce M. Kober 4/29/03 772-231-4017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Joyce M. Kober