

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037782

FILED
Jan 09, 2008
Secretary of State

Entity Name: HAGEN PALEN FINANCIAL SERVICES, LLC

Current Principal Place of Business:

10181 SIX MILE CYRESS PKWY., STE. A
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

10181 SIX MILE CYRESS PKWY., STE. A
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 20-0274463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, JAMES L
10181 SIX MILE CYPRESS PKWY, STE A
FORT MYERS, FL 33966 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: HAGEN, JAMES L
Address: 10181 SIX MILE CYPRESS PKWY, STE A
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM () Delete
Name: PALEN, HOWARD E
Address: 10181 SIX MILE CYPRESS PKWY, STE A
City-St-Zip: FORT MYERS, FL 33966

Title: MGRM () Delete
Name: RUPOLO, MARK A
Address: 10181 SIX MILE CYPRESS PKWY, STE A
City-St-Zip: FORT MYERS, FL 33966

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: MARK RUPOLO

MGRM

01/09/2008

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