## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000056734

3524 18TH AVENUE NORTH

SAINT PETERSBURG, FL 33713

Address:

City-St-Zip:

Entity Name: HASSON, L.L.C.

FILED Jan 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3662 MORRIS STREET NORTH ST. PETERSBURG, FL 33713 **Current Mailing Address: New Mailing Address:** 3662 MORRIS STREET NORTH ST. PETERSBURG, FL 33713 FEI Number: 73-1692226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCLEOD, PHILIP A ESQUIRE 540-4TH STREET NORTH ST. PETERSBURG, FL 33701 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HASSON, ROBERT J Name: Name: Address: 8511 KING STREET NORTH Address: City-St-Zip: SEMINOLE, FL 34642 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HASSON, JAMES A Name: Address: 6237 28TH AVE. NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HASSON, WILLIAM B Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES HASSON MGRM 01/07/2009