


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90032 002 ****50.00

DOCUMENT # L04000004230	
1. Entity Name MICHAEL HAGANS LLC	

Principal Place of Business 6900 PITTSBURG STREET PANAMA CITY, FL 32404 US	Mailing Address 125 NORTH KIMBREL AVE PANAMA CITY, FL 32404 US
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14005649



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 592928143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent HAGANS, WAYNE M 6900 KIMBREL AVE PANAMA CITY, FL 32404		7. Name and Address of New Registered Agent	
		Name M. Wayne Hagans	
		Street Address (P.O. Box Number is Not Acceptable) 125 N Kimbrel Ave	
		City Panama City FL Zip Code 32404	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGANS, WAYNE M 125 NORTH KIMBREL AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M. Wayne Hagans* **M. Wayne Hagans** 4/27/05 ⁸⁵⁰ 381 7426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #