

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90022 009 ***163.75

DOCUMENT # L04000005944					
1. Entity Name CHARLES HANSON, LLC					
Principal Place of Business 2516 SE 31ST ST OKEECHOBEE, FL 34974 US			Mailing Address 2516 SE 31ST ST OKEECHOBEE, FL 34974 US		
2. Principal Place of Business - No P.O. Box # 8607 SE 32 ST		3. Mailing Address 8607 SE 32 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OKEECHOBEE FL		City & State OKEECHOBEE FL		4. FEI Number 83-0382739	
Zip 34974		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMS, LAURA K 223 S. PARROTT AVENUE OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name: <u>Sharon Madray</u> Street: <u>1423 SW 19th Terr.</u> City: <u>OKEECHOBEE</u> FL <u>34974</u>		
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: <u>Sharon A Madray</u> 4-30-08 <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, CHARLES <input type="checkbox"/> Delete 2516 SE 31ST ST OKEECHOBEE, FL 34974		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8607 SE 32 STREET OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Charles B. Hanson</u> 4/30/08 863 634 1160 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

60038318
#L0400005944

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CHARLES HANSON, LLC.
2. The mailing address of the limited liability company is : 3206 SOUTH EAST 32ND STREET
OKEECHOBEE, FLORIDA 34974

APRIL 29, 2008

L04000005944

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LAURA K SIMS

Name

223 SOUTH PARROTT AVENUE

Address

OKEECHOBEE, FLORIDA 34974

City, State and Zip

6. The name and address of the new registered agent and/or office:

SHARON A MADRAY

Name

1423 SOUTH WEST 19TH TERRACE

Florida street address (P.O. Box **NOT** acceptable)

OKEECHOBEE, FL 34974

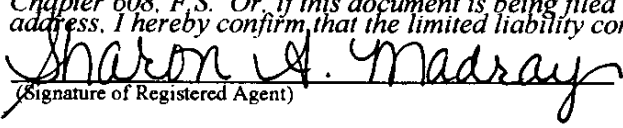
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Charles B. Hanson
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00