

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009091

1. Entity Name

ROBERT J. HANNA L.L.C.



Principal Place of Business

2406 SIESTA DRIVE
SARASOTA FL 34239

Mailing Address

2406 SIESTA DRIVE
SARASOTA FL 34239



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

26-5609669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNA, ROBERT J
2406 SIESTA DRIVE
SARASOTA FL 34239

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: HANNA, ROBERT J
STREET ADDRESS: 2406 SIESTA DRIVE
CITY-STATE-ZIP: SARASOTA FL 34239

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition

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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert J. Hanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #