

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90032 021 ****50.00

DOCUMENT # L04000021670

1. Entity Name
HANNWELL MARKETING GROUP, LLC



Principal Place of Business
**2906 ELOISE LOOP ROAD
WINTER HAVEN, FL 33884**

Mailing Address
**2906 ELOISE LOOP ROAD
WINTER HAVEN, FL 33884**

20070800

2. Principal Place of Business - No P.O. Box #
58 - 4TH STREET NW
Suite, Apt. #, etc.

3. Mailing Address
58 - 4TH STREET NW
Suite, Apt. #, etc.



04092007 Chg-LLC CR2E083 (12/06)

City & State
WINTER HAVEN FL
Zip
33881

City & State
WINTER HAVEN FL
Zip
33881

4. FEI Number
20-0889019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANNA, DARRIN
2906 ELOISE LOOP ROAD
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name

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

3014 PLANTATION WAY

WINTER HAVEN

City

FL

Zip Code

33884

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HANNA, DARRIN
3014 PLANTATION WAY
LAKE ALFRED, FL 33850** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CROWELL, ROBERT DEAN
204 COUNTRY LANE NE
WINTER HAVEN, FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
WINTER HAVEN FL 33884

TITLE
NAME
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CITY - ST - ZIP
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☐ Change ☐ 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:

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

4/18/07

**863
2874457**

Date

Daytime Phone #