

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022074

Entity Name: HAMILTON FARGO LLC

FILED  
Aug 26, 2009  
Secretary of State

**Current Principal Place of Business:**

5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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:**

Title: MGR ( ) Delete  
Name: HAMILTON FOX CORP.  
Address: 1133 BROADWAY SUITE 706  
City-St-Zip: NEW YORK, NY 10010 US

Title: MGR ( ) Delete  
Name: RENARD, JEAN G  
Address: 1133 BROADWAY SUITE 706  
City-St-Zip: NEW YORK, NY 10010 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JEAN G RENARD

MGR

08/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date