

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032514

Entity Name: HANSEN, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

6712 OLD BAGDAD HWY
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

6712 OLD BAGDAD HWY
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 42-1629690 FEI Number Applied For () FEI Number Not Applicable () 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:

HANSEN, CAROL
4515 ALBA STREET
PACE, FL 32571 US

Name and Address of New Registered Agent:

HANSEN, CAROL
6712 OLD BAGDAD HWY
MILTON, FL 32583 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:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANSEN, CAROL
Address: 4515 ALBA STREET
City-St-Zip: PACE, FL 32571 US

Title: MGRM () Delete
Name: HANSEN, ERIC
Address: 4515 ALBA STREET
City-St-Zip: PACE, FL 32571 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANSEN, CAROL
Address: 6712 OLD BAGDAD HIGHWAY
City-St-Zip: MILTON, FL 32583 US

Title: MGRM (X) Change () Addition
Name: HANSEN, ERIC
Address: 6712 OLD BAGDAD HIGHWAY
City-St-Zip: MILTON, FL 32583 US

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: CAROL HANSEN

MGRM

05/01/2007

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