

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033633

FILED  
Jun 17, 2007  
Secretary of State

Entity Name: HONDAKING, LLC

**Current Principal Place of Business:**

20096 NE 15 COURT  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1941 FLOWER TERRACE  
SEBRING, FL 33875

**New Mailing Address:**

FEI Number: 20-2646313      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:**

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

CODNER, RANDOLPH  
1941 FLOWER TERRACE  
SEBRING, FL 33875      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: CODNER, RANDOLPH C  
Address: 1941 FLOWER TERRACE  
City-St-Zip: SEBRING, FL 33875

Title: MGRM      ( ) Delete  
Name: ALRASHID, SARAH  
Address: 1941 FLOWER TERRACE  
City-St-Zip: SEBRING, FL 33875

**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: RANDOLPH CODNER

MAN

06/17/2007

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