

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000065081

1. Entity Name
HANSON & NIPE, LLC



Principal Place of Business
25715 S.R. 46
SORRENTO, FL 32776

Mailing Address
25715 S.R. 46
SORRENTO, FL 32776

FILED
Apr 25, 2007 08:00 A
Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1477181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, G. EDWARD
308 EAST FIFTH AVENUE
MT. DORA, FL 32757

**DO NOT WRITE
IN THIS SPACE**

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

U000000728897
05/08/07-80018-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HANSON, CATHERINE C
STREET ADDRESS 25715 S.R. 46
CITY-ST-ZIP SORRENTO, FL 32776

TITLE MGR
NAME NIPE, FRANCES C
STREET ADDRESS 5800 S.W. 37TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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: *Catherine C Hanson*

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

4 20-07 352-383-3772

Date

Daytime Phone #