

LD40000068895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

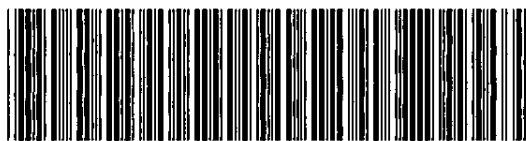
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TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HANNON INVESTMENTS, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L04000068895

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN K. DIXON, ESQ.  
(Name of Contact Person)

KEVIN K. DIXON, P.A.  
(Firm/Company)

210 WEST HIGHLAND BLVD.  
(Address)

INVERNESS, FL 34452  
(City/State and Zip Code)

For further information concerning this matter, please call:

NICOLETTE HANNON at ( 352 ) 861-3843  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2008

KEVIN K. DIXON, ESQ.  
210 WEST HIGHLAND BLVD.  
INVERNESS, FL 34452

SUBJECT: HANNON INVESTMENTS, LLC  
Ref. Number: L04000068895

We have received your document for HANNON INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 008A00017040

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: HANNON INVESTMENTS, LLC
2. The mailing address of the limited liability company is : 7435 SW 32ND STREET  
OCALA, FL 34474

- 9/21/04 L04000068895
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WILLIAM ALLAN KING  
Name  
1531 SE 36TH AVENUE  
Address  
OCALA, FL 34471  
City, State and Zip

6. The name and address of the new registered agent and/or office:

KEVIN K. DIXON, P.A.  
Name  
210 WEST HIGHLAND BLVD.  
Florida street address (P.O. Box NOT acceptable)  
INVERNESS FL 34452  
City, State and Zip

**FILED**  
**08 APR 10 AM 9:29**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nicolette Hannon  
(Signature of a member or authorized representative of a member)

NICOLETTE HANNON  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Kevin K. Dixon  
(Signature of Registered Agent)

Kevin K. Dixon  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
**FILING FEE: \$25.00**