2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90034 007 ****50.00

DOCUMENT # L05000011988

1. Entity Name

TOM O HANSEN SALES ASSOCIATES LLC

Principal Place of Business	Mailing Address
7606 WEST SAND LAKE ROAD ORLANDO FL 32819 US	7606 WEST SAND LAKE ROAD ORLANDO FL 32819 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 7065 Westpointe Blvd., Suite 303	Suite, Apt. #, etc.: 7065 Westpointe Blvd., Suite 303
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32835 Country: USA	Zip: 32835 Country: USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2277593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TREML, MICHAEL L
7065 WESTPOINT BLVD, STE 303
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM HANSEN, TOM O 9726 CAMBERLEY CR.E ROAD ORLANDO FL 32836 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM Hansen, Tom O 7065 Westpointe Blvd., Suite 303 Orlando, FL 32835 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM HANSEN, KATHLEEN L 9726 CAMBERLEY CR.E ROAD ORLANDO FL 32836 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM Hansen, Kathleen L 7065 Westpointe Blvd., Suite 303 Orlando FL 32835 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tom O. Hansen MGRM 04-27-07 407-532-2114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #