

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90007 002 ****50.00

DOCUMENT # L05000023814



1. Entity Name
HALLIN FAMILY LLC

Principal Place of Business
**7298 VILLA D'ESTE DRIVE
SARASOTA FL 34238
US**

Mailing Address
**7298 VILLA D'ESTE DRIVE
SARASOTA FL 34238
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State

City & State

4. FEI Number

20-2694677

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLIN, JOHN G
7298 VILLA D'ESTE DRIVE
SARASOTA FL 34238

Deceased

7. Name and Address of New Registered Agent

Name **Phyllis E. Hallin - TTEE**

Street Address (P.O. Box Number is Not Acceptable)
7298 VILLA D'ESTE DR.

City

SARASOTA

FL

Zip Code

34238

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

Phyllis E. Hallin

Phyllis E. Hallin

Aug 15, 2006

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE **MGMR**
NAME **HALLIN, JOHN G**
STREET ADDRESS **7298 VILLA D'ESTE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34238**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE **MGMR**
NAME **Phyllis E. Hallin**
STREET ADDRESS **7298 VILLA D'ESTE DR**
CITY-ST-ZIP **SARASOTA FL 34238**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Phyllis E. Hallin **TTEE**

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

8-15-06

Date

941-922-1235

Daytime Phone *