

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90036 003 \*\*\*\*50.00

DOCUMENT # L05000034160

1. Entity Name  
HAKIM TRUST LLC



Principal Place of Business  
4520 W. COLONIAL DRIVE  
ORLANDO, FL 32808 US

Mailing Address  
4520 W. COLONIAL DRIVE  
ORLANDO, FL 32808 US

60035898



033 2007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. \*EI Number  
20-2634828

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAKIM, NOUR  
4520 W COLONIAL DRIVE  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

8. This 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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE Change to (MGR)  
NAME HAKIM, NOUR  
STREET ADDRESS 4520 W COLONIAL DRIVE  
CITY- ST- ZIP ORLANDO, FL 32808

TITLE VP Change to (MGRM)  
NAME HAKIM, ADAM  
STREET ADDRESS 4520 W COLONIAL DR  
CITY- ST- ZIP ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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: HAKIM, NOUR

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

Date

Daytime Phone #

04/02/07 (407) 342-4222



ATTACHMENT

160035898  
# 105 000034160

HAKIM TRUST LLC.

4520 West Colonial Drive  
Orlando, FL 32808  
Tel: (407) 295-8730  
Fax: (407) 295-8241

please change : ① HAKIM, NOUR  
TO MGR, Delate (P)

② HAKIM, ADAM  
TO MGRM, Delate (VP)

Thank you.

NOUR HAKIM

NOUR HAKIM 04/02/07

HAKIM TRUST LLC  
4520 W. COLONIAL DR.  
ORLANDO, FL 32808  
(407) 295-8730