

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90419 043 \*\*\*\*55.00

**DOCUMENT # L05000064500**

1. Entity Name  
**RENTBLURB, LLC**



Principal Place of Business  
**6420 WAVELAND DRIVE  
CUMMING, GA 30040**

Mailing Address  
**PO BOX 2372  
CUMMING, GA 30028**

00000000



04232007 No. 659-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **20-3035567** Applied For  
**76-0767745** Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

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

**HASSEN, AARON E  
6420 WAVELAND DRIVE  
CUMMING, FL 30028**

**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

*Aaron E Hassen*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/23/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HASSEN, AARON E  
6420 WAVELAND DRIVE  
CUMMING, GA 30040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HASSEN, JENNIFER  
6420 WAVELAND DRIVE  
CUMMING, GA 30040**

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

**DO NOT WRITE  
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:

*Aaron E Hassen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

**4/23/07 770 265 9373**