

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 SEP 21 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY

ANNUAL  
REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000075532

1. Limited Liability Company's Name

HA DEVELOPMENT, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
7796 W.Irlo Bronson Memorial Hwy

3. Mailing Office Address  
7796 W.Irlo Bronson Memorial Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Kissimmee, FL 34747

City & State  
Kissimmee, FL 34747

Zip  
34747

Country  
USA

Zip  
34747

Country  
USA

4. State/Country of Formation  
FL/USA

5. Date Organized or Qualified  
To Do Business in Florida 08-02-2005

6. FEI Number  
20-3286275

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Hayssam Elkoussa

Street Address (P.O. Box Number is Not Acceptable)  
7796 W.Irlo Bronson Memorial Hwy

Suite, Apt. #, Etc.

City  
Kissimmee, FL 34747

State Zip Code  
FL 34747

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Hayssam Elkoussa*  
REGISTERED AGENT MUST SIGN

Date 09-18-2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HAYSSAM ELKOSSA	7796 W.Irlo Bronson Memorial Hwy	Kissimmee, FL 34747
MEM	MOHAMMAD FATHI ABDEL-HAMEED	7796 W.Irlo Bronson Memorial Hwy	Kissimmee, FL 34747

300109716969  
09/20/07--01060--007 \*\*\$5.00

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date 09-18-2007

Daytime Phone# (321) 218-9500

Typed or printed name of signing Managing Member/Manager Hayssam Elkoussa