

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000091975

1. Entity Name
MUSTANG SALLY & THE HAMJOS LLC



Principal Place of Business
**210 LOCHEN COURT
WINTER HAVEN, FL 33884**

Mailing Address
**210 LOCHEN COURT
WINTER HAVEN, FL 33884**



01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3547682

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, MELODY
210 LOCHEN COURT
WINTER HAVEN, FL 33884**

**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 _____

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	MGRM
NAME	ANDERSON, SALLY
STREET ADDRESS	604 30TH ST. NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	MGRM
NAME	PRINCE, RICHARD G
STREET ADDRESS	106 FOX DEN ST.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	MGRM
NAME	KOCHENBURGER, PATRICIA
STREET ADDRESS	8210 SIMPSON LANE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	JOHNSON, DALE B
STREET ADDRESS	210 LOCHEN STREET
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	LOMNICK, DONALD L
STREET ADDRESS	13005 DUCK LAKE CANAL ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	MGRM
NAME	SMITH, RONALD T
STREET ADDRESS	208 W. BELVEDERE ST.
CITY-ST-ZIP	LAKELAND, FL 33803

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01/12/07-80061-018 55.00

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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:

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

Date

Daytime Phone #

Dale B. Johnson
Dale B. Johnson

1-7-07 863-519-5044