

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90027 003 \*\*\*138.75

**DOCUMENT # L05000096271**

1. Entity Name  
**HANNA PROPERTIES, LLC**



Principal Place of Business  
**4907 15TH ST E  
BRADENTON, FL 34203**

Mailing Address  
**4907 15TH ST E  
BRADENTON, FL 34203**

**60038648**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-3548169**

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

7. Name and Address of New Registered Agent

**MILES & THIRION, CPA, PA  
2050 PROCTOR RD, SUITE F  
SARASOTA, FL FL**

Name **DORIS A HANNA**

Street Address (P.O. Box Number is Not Acceptable)

**4907 15TH ST. E.**

City **BRADENTON**

FL

Zip Code **34203**

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 **DORIS A. HANNA**  
Signature, typed or printed name of registered agent and title if applicable.

**Doris A. Hanna**  
(NOTE: Registered Agent signature required when reinstating)

**4/29/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HANNA, ROBERT  
11536 WALDEN LOOP  
PARRISH, FL 34219** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HANNA, DORIS  
11536 WALDEN LOOP  
PARRISH, FL 34219** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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: **Doris A. Hanna**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/29/08**  
Date Daytime Phone #