# 2008:LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L06000002121 1. Entity Name HANRE, LLC Principal Place of Business Mailing Address 2001 S. ADAMS POST OFFICE BOX 6615 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32314 US

# **FILED** Mar 11, 2008 08:00 Al Secretary of State



### DO NOT WRITE IN THIS SPACE

03082008 No Chg-LLC 4. FEI Number

Applied For

20-4084015

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

SATI, HASSAN 2001 S. ADAMS TALLAHASSEE, FL 32301

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<ol><li>The above named entity submits this statement for the purpose of ch the obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both	n. In the State of Florida I am familiar with, and accept
Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstalling)	DATE

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

U00000854439 03/27/08-80008-014 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SATI, HASSAN 2001 S. ADAMS TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-7IP	

## 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.

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE