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Secretary of State

03-23-2007 90170 024 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016479

1. Entity Name
HUNOR, LLC

30010588

03162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business
~~3087 E. COMMERCIAL BLVD~~
~~FT. LAUDERDALE, FL 33308 US~~

Mailing Address
~~PO BOX 39255~~
~~FT. LAUDERDALE, FL 33330~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2750 E. ATLANTIC BLVD		2750 E. ATLANTIC BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: POMPANO BEACH FL		City & State: POMPANO BEACH FL	
Zip: 33062	Country: U.S.A.	Zip: 33062	Country: USA

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANGSTER, MARIA Z
~~3087 E. COMMERCIAL BLVD.~~
~~FT. LAUDERDALE, FL 33308~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2750 E. ATLANTIC BLVD.

City: POMPANO BEACH FL Zip Code: 33062

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	VARGA, FERENC		NAME		
STREET ADDRESS	~~PO BOX 39255~~		STREET ADDRESS	2750 E. ATLANTIC BLVD.	
CITY-ST-ZIP	~~FT. LAUDERDALE, FL 33330~~		CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Ferenc Varga 03/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #