2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90016 048 ***138.75

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04212008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000018230

1. Entity Name
HANAN SRUR, P.L.

Principal Place of Business	Mailing Address
1632 FLOYD STREET SARASOTA, FL 34239	1632 FLOYD STREET SARASOTA, FL 34239

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
766 STONECREST DRIVE	766 STONECREST DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34232 Country: USA	Zip: 34232 Country: USA

4. FEI Number: 20-4347089 ☐ Applied For ☐ Not Applicable

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
SRUR, KRISTEN 1632 FLOYD STREET SARASOTA, FL 34239	Name: SRUR, KRISTEN Street Address (P.O. Box Number is Not Acceptable): 766 STONECREST DRIVE City: SARASOTA FL Zip Code: 34232

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

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	MGR SRUR, KRISTEN 1632 FLOYD STREET SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 766 STONECREST DRIVE SARASOTA, FLORIDA 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANAN, STACY 1632 FLOYD STREET SARASOTA, FL 34239 ☐ 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: Kristen Aker 04/28/08 941-350-0612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #