

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-03-2007 90119 017 ****50.00

DOCUMENT # L06000032821					
1. Entity Name H A G, LLC					
Principal Place of Business 1710 BELLAMY ROAD KEYSTONE HEIGHTS, FL 32656			Mailing Address 1710 BELLAMY ROAD KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 30-0416684				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, HOWARD A 1710 BELLAMY ROAD KEYSTONE HEIGHTS, FL 32656			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, HOWARD A 1710 BELLAMY ROAD KEYSTONE HEIGHTS, FL 32656	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST MGR DEBRA A GRIFFIN 1710 BELLAMY ROAD KEYSTONE HEIGHTS, FL 32656	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <u>HOWARD A GRIFFIN</u> 3/26/07 (386) 592-2732					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					