

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048916

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** TED HANNA, P.L.

**Current Principal Place of Business:**

902 CYPRESS TERRACE  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

808 CYPRESS BOULEVARD  
APT # 404  
POMPANO BEACH, FL 33069 US

**Current Mailing Address:**

902 CYPRESS TERRACE  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

808 CYPRESS BOULEVARD  
APT # 404  
POMPANO BEACH, FL 33069 US

**FEI Number:** 20-4868299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANNA, TEDDY J  
902 CYPRESS TERRACE  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

HANNA, TEDDY J  
808 CYPRESS BOULEVARD  
APT # 404  
POMPANO BEACH, FL 33069 US

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.

**SIGNATURE:**

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HANNA, TEDDY J  
**Address:** 902 CYPRESS TERRACE  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HANNA, TEDDY J  
**Address:** 808 CYPRESS BOULEVARD, APT # 404  
**City-St-Zip:** POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** TEDDY J. HANNA

MGRM

02/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date