

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000050455

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** RENEE' L. HANSON INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

4530 TAMiami TRAIL N. SUITE 4  
NAPLES, FL 34103 US

**New Principal Place of Business:**

7561 BRISTOL PINES CIRCLE  
NAPLES, FL 34120 US

**Current Mailing Address:**

4530 TAMiami TRAIL N. SUITE 4  
NAPLES, FL 34103 US

**New Mailing Address:**

7561 BRISTOL PINES CIRCLE  
NAPLES, FL 34120 US

**FEI Number:** 03-0592367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

R&A AGENTS, INC., AN OHIO CORPORATION  
TRIANON CENTRE  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES, FL 34103 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANSON, RENEE' L  
Address: 4530 TAMiami TRAIL N. SUITE 4  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HANSON, RENEE' L  
Address: 7561 BRISTOL PINES CIRCLE  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RENEE' L. HANSON

MGRM

04/11/2007

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