

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90262 034 \*\*\*\*50.00

**DOCUMENT # L06000062845**



1. Entity Name  
**HANSON'S PAINTING, LLC**

Principal Place of Business  
**2323 OAK GROVE ROAD  
WESTVILLE, FL 32464**

Mailing Address  
**2323 OAK GROVE ROAD  
WESTVILLE, FL 32464**

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

05022007 Chg-LLC CR2E083 (12/06)

4. FEI Number

**113783100**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.  
92 SADBERRY RD  
QUINCY, FL 32351**

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

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 September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HANSON, JOHN R  
STREET ADDRESS 2323 OAK GROVE ROAD  
CITY - ST - ZIP WESTVILLE, FL 32464

TITLE MGR ☐ Delete  
NAME HANSON, MARK  
STREET ADDRESS 2323 OAK GROVE ROAD  
CITY - ST - ZIP WESTVILLE, FL 32464

TITLE MGR ☐ Delete  
NAME HANSON, KIM  
STREET ADDRESS 2323 OAK GROVE ROAD  
CITY - ST - ZIP WESTVILLE, FL 32464

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Kim Hanson*

4-3007 (850) 101-1094

# ATTACHMENT

10048303  
#L06000062845

This is our first year filing.  
Could I please have grace  
for the delay I can't reach  
a live person by phone and  
I'm not sure I've done this  
right. Sincerely

Rum Danson  
New (850) 401-1094

 Daytrana® @  
(methylphenidate transdermal system)

Please see accompanying Full Prescribing Information.