2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000066394

1. Entity Name
HALONA, LLC

FILED
07 JUN 13 AM 9:4<
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05092007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
6237 S 238TH ST K-202 KENT, WA 98030	10216 SE 256TH ST 103-120 KENT, WA 98030

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

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDERSON, SCOTT~~
~~689 SO. APOLLO BLVD.~~
~~MELBOURNE, FL 32901~~
Pathfinder Business Strategies, LLC
10315 102nd Terrace
Sebastian, Fl 32958

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 Terri Hinzman 5-23-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BROWER, BEVERLEY 10216 SE 256TH ST, #103-120 KENT, WA 98030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800104577538 06/21/07--01051--024 **50.00	☐ 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: Beverley Brower BEVERLEY BROWER, MANAGER 5/14/07 206-819-5972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #