

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118132

1. Entity Name
HUSSAR PROPERTIES, LLC



Principal Place of Business

THE GRANDE AT LONGBOAT KEY, UNIT 2
LONGBOAT KEY, FL 34228

Mailing Address

7563 YELLOW CREEK DR
POLAND, OH 44514

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

RULLI, LOUISE E
THE GRANDE AT LONGBOAT KEY, UNIT 2
LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

000000355014
07/15/08-80007-010 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RULLI, LOUISE E
STREET ADDRESS	7563 YELLOW CREEK DR
CITY- ST- ZIP	POLAND, OH 44514
TITLE	MGR
NAME	RULLI, FRANK A
STREET ADDRESS	7563 YELLOW CREEK DR
CITY- ST- ZIP	POLAND, OH 44514
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Louis Rulli

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

7-7-8

Date

330-540-6047

Daytime Phone #