

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90147 017 ***138.75

DOCUMENT # L06000123118

1. Entity Name
MICHAEL S. HAGEN ATTORNEY, P.L.



Principal Place of Business
**6385 PRESIDENTIAL COURT
SUITE 108
FORT MYERS, FL 33919 US**

Mailing Address
**6385 PRESIDENTIAL COURT
SUITE 108
FORT MYERS, FL 33919 US**

60015784



2. Principal Place of Business - No P.O. Box #
6249 Presidential Court

3. Mailing Address
Same

Suite, Apt. #, etc. **Suite F**

Suite, Apt. #, etc.

03172008 Chg-LLC CR2E083 (12/06)

City & State
Fort Myers FL

City & State

4. FEI Number **20-4240086**

Applied For
Not Applicable

Zip **33919-3525** Country **US**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGEN, MICHAEL S
6385 PRESIDENTIAL COURT
SUITE 108
FORT MYERS, FL 33919**

Name **Hagen, Michael S**

Street Address (P.O. Box Number is Not Acceptable)
6249 Presidential Ct. Ste F

City **Fort Myers FL** Zip Code **33919-3525**

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 **Michael S. Hagen**

3/17/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HAGEN, MICHAEL S**
STREET ADDRESS **6385 PRESIDENTIAL COURT SUITE 108**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Hagen, Michael S**
STREET ADDRESS **6249 Presidential Court Ste F**
CITY-ST-ZIP **Fort Myers FL 33919** ☐ Change ☐ Addition

TITLE ☐ 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: Michael S. Hagen, MGMR

Michael S. Hagen

3/17/08 239/275-0808

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

Date

Daytime Phone #