

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018071

Entity Name: HANAMICHI, LLC

FILED
Feb 02, 2008
Secretary of State

Current Principal Place of Business:

4182 SW 188TH AVENUE
MIRAMAR, FL 33029

New Principal Place of Business:

16749 NW 67TH AVE
HIALEAH, FL 33015

Current Mailing Address:

4182 SW 188TH AVENUE
MIRAMAR, FL 33029

New Mailing Address:

16749 NW 67TH AVE
HIALEAH, FL 33015

FEI Number: 20-8454450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, KAMINI
4182 SW 188TH AVENUE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

PATEL, KAMINI
16749 NW 67TH AVE
HIALEAH, FL 33015 US

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: KAMINI K PATEL

02/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, KAMINI
Address: 4182 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: MGR () Delete
Name: PATEL, NISHA
Address: 4182 SW 188TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, KAMINI
Address: 16749 NW 67TH AVE
City-St-Zip: HIALEAH, FL 33015

Title: MGR (X) Change () Addition
Name: PATEL, NISHA
Address: 16749 NW 67TH AVE
City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify 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: KAMINI K PATEL

MGRM

02/02/2008

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