2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2009
Secretary of State

DOCUMENT# L08000091341

Entity Name: HANA SOLUTIONS LLC

Current Principal Place of Business:

4080 BEACH DRIVE S.E.
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

4080 BEACH DRIVE S.E.
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, RONALD
4080 BEACH DRIVE S.E. STREET
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

SIMMONS, RONALD
4080 BEACH DRIVE S.E.
ST. PETERSBURG, FL 33705 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: RONALD SIMMONS 08/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMMONS, RONALD
Address: 4080 BEACH DRIVE S.E. STREET
City-St-Zip: PETERSBURG, FL 33705 US

Title: MGRM ( ) Delete
Name: SIMMONS, MIN
Address: 4080 BEACH DRIVE S.E. STREET
City-St-Zip: PETERSBURG, FL 33705 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MIN SIMMONS MRS 08/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date