

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101293

Entity Name: OWEN R. HATAWAY, LLC

FILED
Mar 15, 2009
Secretary of State

Current Principal Place of Business:

15628 S.W. WARFIELD BLVD.
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 536
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 38-3791885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATAWAY, OWEN R
15628 S.W. WARFIELD BLVD
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HATAWAY, OWEN R
Address: P. O. BOX 536
City-St-Zip: INDIANTOWN, FL 34956

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: ST () Change (X) Addition
Name: HATAWAY, DOROTHY
Address: P O BOX 536
City-St-Zip: INDIANTOWN, FL 34956

Title: VP () Change (X) Addition
Name: LEONGOMEZ, ERIN S
Address: P O BOX 536
City-St-Zip: INDIANTOWN, FL 34956

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: OWEN R HATAWAY

MGR

03/15/2009

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