

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012800

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** HART FAMILY LA MAISON LLC

**Current Principal Place of Business:**

8077 NIGHT HERON LANE  
PICKERINGTON, OH 43147

**New Principal Place of Business:**

**Current Mailing Address:**

8077 NIGHT HERON LANE  
PICKERINGTON, OH 43147

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, GEORGE A  
2425 TAMIAMI TRAIL NORTH, SUITE 211  
NAPLES, FL 34103 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: MS  
Name: HART, GEORGIA G  
Address: 8077 NIGHT HERON LANE  
City-St-Zip: PICKERINGTON, OH 43147

Title: MRS  
Name: KIPHEN, ANNE H  
Address: 1175 BEECHWOOD DRIVE  
City-St-Zip: LANCASTER, OH 43130

Title: MR  
Name: HART, EDWARD F  
Address: 22228 STARLIGHT DRIVE  
City-St-Zip: YORBA LINDA, CA 92686

Title: MS.  
Name: HART, MIRIAN F  
Address: 2060 DUTCH RIDGE ROAD  
City-St-Zip: GUYSVILLE, OH 45735

Title: MR  
Name: HART, ALEX P  
Address: P.O. BOX 8725  
City-St-Zip: NAPLES, FL 34103

Title: MR  
Name: HART, MICHAEL H  
Address: P.O. BOX 8725  
City-St-Zip: NAPLES, FL 34103

I hereby 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: GEORGIA G. HART

MS

04/25/2012

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