

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000000557**

1. Entity Name  
**HAWA ENTERPRISES, L.L.C.**



Principal Place of Business  
**4812 26TH STREET WEST  
BRADENTON, FL 34207-1705**

Mailing Address  
**4812 26TH STREET WEST  
BRADENTON, FL 34207-1705**



04272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0919612**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALLARAKHIA, GULZAR  
4812 26TH STREET WEST  
BRADENTON, FL 34207-1705**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELTA OPHTHALMICS, INC. 4812 26TH STREET WEST BRADENTON, FL 342071705
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05/13/06-80010-003 50.00

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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:** Gulzar Allarakhia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

GULZAR ALLARAKHIA

4/27/06 (941)727-3937  
Date Daytime Phone #