

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006341

Entity Name: V.M. HAZAN, LLC

FILED  
Jan 28, 2008  
Secretary of State

## Current Principal Place of Business:

1211 GULF OF MEXICO DR.  
#109  
LONGBOAT KEY, FL 34228 US

## New Principal Place of Business:

## Current Mailing Address:

1211 GULF OF MEXICO DR.  
#109  
LONGBOAT KEY, FL 34228 US

## New Mailing Address:

1211 GULF OF MEXICO DR.  
#109  
LONGBOAT KEY, FL 34228

FEI Number: 22-3678295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAZAN, VICTOR  
1211 GULF OF MEXICO DR  
APT #109  
LONGBOAT KEY, FL 34228 US

## Name and Address of New Registered Agent:

HAZAN, VICTOR  
1211 GULF OF MEXICO DRIVE, APT. 109  
APT #109  
LONGBOAT KEY, FL 34228 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: VICTOR HAZAN

01/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HAZAN, VICTOR  
Address: 1211 GULF OF MEXICO DR., #109  
City-St-Zip: SARASOTA, FL 34228 US

Title: MGR ( ) Delete  
Name: HAZAN, MARCELLA  
Address: 1211 GULF OF MEXICO DR., #109  
City-St-Zip: SARASOTA, FL 34228 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: VICTOR HAZAN

MGR

01/28/2008

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