

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007041

**Entity Name:** H&A MANAGEMENT, LLC

**Current Principal Place of Business:**

135 BACOM POINT RD  
2ND FLOOR  
PAHOKEE, FL 33476

**Current Mailing Address:**

P.O. BOX 220  
PAHOKEE, FL 33476

**FEI Number:** 43-2075685

**Certificate of Status Desired:** No

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

NOWICKI, MARK J  
480 MAPLEWOOD DRIVE  
SUITE 2  
JUPITER, FL 33458 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HATTON, ROGER C  
Address 221 RIDGEWOOD AVE  
City-State-Zip: CLEWISTON FL 33440

Title MGRM  
Name ALLEN, PAUL  
Address 13348 HWY 441 N  
City-State-Zip: CANAL POINT FL 33438

Title PRESIDENT  
Name ALLEN, PAUL  
Address 13348 HWY 441 N  
City-State-Zip: CLEWISTON FL 33438

Title VP  
Name HATTON, ROGER C  
Address 221 RIDGEWOOD AVE  
City-State-Zip: CLEWISTON FL 33440

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL ALLEN

**PRESIDENT**

**02/16/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date