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.

MANAGER

SIGNATURE: DARRELL P HANNA

Electronic Signature of Signing Authorized Person(s) Detail

1796 MOORINGS CIRCLE MIDDLEBURG, FL 32068 US

## SIGNATURE:

## L

Title	MGR	Title	MGR
Name	HANNA, DARRELL	Name	HANNA, SUZANNE I
Address	36 KNIGHT BOXX RD	Address	36 KNIGHT BOXX RD
City-State-Zip:	ORANGE PARK FL 32065	City-State-Zip:	ORANGE PARK FL 32065

	Electronic Signature of Registered Agent				
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	HANNA, DARRELL	Name	HANNA, SUZANNE I		

The above named entity submits this statement for	the purpose of changing its registered office o	r registered agent, or both, in the State of Florida
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# HANNA, DARRELL

## **Current Principal Place of Business:**

36 KNIGHT BOXX RD ORANGE PARK, FL 32065

## **Current Mailing Address:**

P O BOX 66237 ORANGE PARK, FL 32065

## FEI Number: 26-2258382

## Name and Address of Current Registered Agent:

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000021106 Entity Name: HANNA DEVELOPMENT OF NORTH FLORIDA, LLC

## FILED Jan 24, 2016 Secretary of State CC8400074755

Certificate of Status Desired: No

Date

01/24/2016 Date