## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000160724

Entity Name: HAMAN ASSOCIATES OF FLORIDA, LLC

**Current Principal Place of Business:** 

722 S. SYLVANIA AVENUE STURTEVANT, WI 53177

## **Current Mailing Address:**

722 S. SYLVANIA AVENUE STURTEVANT, WI 53177

FEI Number: 47-5134386 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JOHNSON, SCOTT E 111 NORTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32802 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

FILED Apr 20, 2016

**Secretary of State** 

CC5487086117

## Authorized Person(s) Detail:

Title AMBR

Name HAMAN, THOMAS E

Address 722 S. SYLVANIA AVENUE

City-State-Zip: STURTEVANT WI 53177

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: THOMAS E. HAMAN

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

04/20/2016