

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007371

1. Entity Name
L.N. HASTINGS, LLC



Principal Place of Business
**115 LAKE WINNEMISSETT DRIVE
DELAND, FL 32724**

Mailing Address
**1603 WILDCAT CT
WINTER SPRINGS, FL 32708-3854**



01302006No Chg-LLC

CR2E033 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677312

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HASTINGS, LAWRENCE P JR.
1603 WILDCAT CT.
WINTER SPRINGS, FL 32708-3854**

**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 retreating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
HASTINGS, LAWRENCE P JR
1603 WILDCAT CT
WINTER SPRINGS, FL 327083854**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VTD
HASTINGS, NANCY W
1603 WILDCAT CT
WINTER SPRINGS, FL 327083854**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
WANDS, THOMAS F
115 LAKE WINNEMISSETT DR
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000434463
02/25/06-80003-005 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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: *Thomas F Wands* - THOMAS F. WANDS

2-11-06

386-734-5341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #