

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 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



04162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677312

Applied For
Not Applicable

5. 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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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 WINNENISSETT DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/03/07-80006-005 50.00

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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

4-18-07

386-734-5341

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

Date

Daytime Phone #