

DOCUMENT # L00000007371

1. Entity Name
L.N. HASTINGS, LLC

FILED
Feb 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
115 LAKE WINNEMISSETT DRIVE
DELAND, FL 32724Mailing Address
1603 WILDCAT CT
WINTER SPRINGS, FL 32708-3854

01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3677312Applied For
Not Applicable5. 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000827757
 02/22/08-80003-007 138.75

**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 2-11-08 386-734-5741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #