

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006480

1. Entity Name
HANKINS INVESTMENTS, LLC



Principal Place of Business
**2708 SOUTH PENINSULA DR.
DAYTONA BEACH, FL 32118**

Mailing Address
**2708 SOUTH PENINSULA DR.
DAYTONA BEACH, FL 32118**



03032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HANKINS, CRAIG M
2708 SOUTH PENINSULA DR.
DAYTONA BEACH, FL 32118**

**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, 2004**

**L000000082457
03/09/04-80030-021 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HANKINS, CRAIG M
2708 SOUTH PENINSULA DR
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

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

Date

Daytime Phone #

3-05-2004

**386-
258-
0029**