


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000017720 1. Entity Name HOLLAND & DAUGHTERS, LLC	
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Principal Place of Business 595 SOUTH JACKSON AVE. BARTOW, FL 33830	Mailing Address 595 SOUTH JACKSON AVE. BARTOW, FL 33830
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DO NOT WRITE IN THIS SPACE



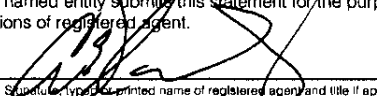
03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 69-0005098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLAND, ALFRED E JR. 595 SOUTH JACKSON AVE. BARTOW, FL 33830
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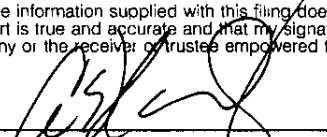
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	Alfred E. Holland, Jr. <small>(NOTE: Registered Agent signature required when reinstating)</small>	3-18-08 <small>DATE</small>

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

U000000865448
04/07/08-80029-085-138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, ALFRED ELTON JR. 595 SOUTH JACKSON AVE. BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, LYNN B 595 SOUTH JACKSON AVE. BARTOW, FL 33830
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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: 	Alfred Elton Holland, Jr.	3-18-08 863-533-4945
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		