

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90055 013 ***138.75

DOCUMENT # L02000035231

1. Entity Name
HARDWICK CENTER, LLC



Principal Place of Business
**112 CRYSTAL VIEW SOUTH
SANFORD, FL 32773**

Mailing Address
**112 CRYSTAL VIEW SOUTH
SANFORD, FL 32773**

50008167



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARDWICK, CHARLES W
112 CRYSTAL VIEW SOUTH
SANFORD, FL 32773**

Name **Bernadette Hardwick**

Street Address (P.O. Box Number is Not Acceptable)

112 Crystal View South.

City **Sanford**

FL

Zip Code **32773**

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 **BERNADETTE HARDWICK**

Signature, typed or printed name of registered agent and title if applicable.

Bernadette Hardwick

(NOTE: Registered Agent signature required when reinstating)

7-3-08

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
HARDWICK, CHARLES W
112 CRYSTAL VIEW S.
SANFORD, FL 327734808**

☒ Delete

DIED 5/17-08

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Hardwick, Bernadette
112 Crystal View South
Sanford, FL 32773**

☒ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE: **Bernadette Hardwick**

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

7-3-08

DATE

407-322-0037

Daytime Phone #