2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

02-10-2004 90105 041 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000021710

1. Entity Name
THAND LLC

Principal Place of Business	Mailing Address
285 N RAILROAD STREET MONTICELO FL 32344	285 N RAILROAD STREET MONTICELO FL 32344

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 180125	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tallahassee, FL	
Zip	Country	Zip: 32318	Country: USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, LISA
~~121-B LOCKE ST~~
TALLAHASSEE FL ~~32303~~
32303

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Lisa Cole 121-B Locke St. Tallahassee, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Lisa Cole PST 2/5/04 850 322 2333 ~~850 997 6444~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #