


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000032999	
1. Entity Name HANOVER ANTIQUES, ETC., LLC	

Principal Place of Business 11445 60TH STREET NORTH PINELLAS PARK, FL 33782	Mailing Address P.O. BOX 27555 MACON, GA 31221-7555
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1098772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**HUFFMAN, MARLENE
11445 60TH STREET NORTH
PINELLAS PARK, FL 33782**

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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: _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE
04/22/08-80027-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUFFMAN, SHIRLEY M 11445 60TH STREET NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNETTE, ANNETTE L 11445 60TH STREET NORTH PINELLAS PARK, FL 33782
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: ANNETTE L. BARNETTE **ANNETTE L. BARNETTE** 4-5-08 (478) 747-2200

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