

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000062383

1. Entity Name
QUILT LOVERS HANGOUT LLC



Principal Place of Business
13494 N. CLEVELAND AVE.
NORTH FORT MYERS, FL 33903

Mailing Address
13494 N. CLEVELAND AVE.
NORTH FORT MYERS, FL 33903



04022008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1482190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COWDIN, GAYLE
3421 SW 2ND LANE
CAPE CORAL, FL 33991

**DO NOT WRITE
IN THIS SPACE**

B. 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000910320
05/06/08-80105-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COWDIN, GAYLE 3421 SW 2ND LANE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OLIVE, DEBORAH S 1271 FORSYTH DRIVE NORTH FORT MYERS, FL 33903
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**DO NOT WRITE
IN THIS SPACE**

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: *Gayle L. Cowdin*

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

4/16/08 *239-995-0045*

Date Daytime Phone #