

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069545

Entity Name: HANCOR ENTERPRISES, LLC

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

3215 ZORATOA AVE
NORTH PORT, FL 34286

New Principal Place of Business:

3643 SPINNER AVE
NORTH PORT, FL 34286

Current Mailing Address:

3215 ZORATOA AVE
NORTH PORT, FL 34286

New Mailing Address:

3643 SPINNER AVE
NORTH PORT, FL 34286

FEI Number: 11-3727538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTEZ, BERNICE M
3215 ZORATOA AVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

CORTEZ, BERNICE M
3643 SPINNER AVE
NORTH PORT, FL 34286 US

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.

SIGNATURE:

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANDLON, THOMAS W JR
Address: 3215 ZORATOA AVE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: CORTEZ, BERNICE M
Address: 3215 ZORATOA AVE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANDLON, THOMAS W JR
Address: 3643 SPINNER AVE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM (X) Change () Addition
Name: CORTEZ, BERNICE M
Address: 3643 SPINNER AVE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS HANDLON

MGRM

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date