

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000009973

1. Entity Name
HUCKLEBERRY'S CREATIONS, LLC



Principal Place of Business
**210 W WASHINGTON ST
MONTICELLO, FL 32344 US**

Mailing Address
**210 W WASHINGTON ST
MONTICELLO, FL 32344 US**



03252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1109295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKELTON, DONNA C
385 N JEFFERSON ST
MONTICELLO, FL 32344**

**DO NOT WRITE
IN THIS SPACE**

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 Donna C Skelton / Donna C Skelton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

04/08/08
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SKELTON, DONNA C 385 N JEFFERSON ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKELTON, MAURICE D 385 N JEFFERSON ST MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOLES, WESLEY D 4462 WHISPERING OAKS DR F TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOLES, LISA C 4462 WHISPERING OAKS DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000000420
04/22/08-00013-013 138.75

**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 606, Florida Statutes.

SIGNATURE: Donna C Skelton / Donna C Skelton 4/8/08 (850) 997-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #