

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043621

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** HASTINGS ENTERPRISES., LLC

**Current Principal Place of Business:**

240 PINEWINDS BLVD.  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

240 PINEWINDS BLVD  
OLDSMAR, FL 34677

**New Mailing Address:**

240 PINEWINDS BLVD.  
OLDSMAR, FL 34677 US

**FEI Number:** 20-2780759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GENTRY, CHARLES E II  
1583 S BELCHER RD  
SUITE A  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

HASTINGS, MICHAEL L II  
240 PINEWINDS BLVD.  
OLDSMAR, FL 34677 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: MICHAEL HASTINGS

02/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HASTINGS, MICHAEL L II  
Address: 240 PINEWINDS BLVD.  
City-St-Zip: OLDSMAR, FL 34677

Title: MGR ( ) Delete  
Name: HASTINGS, CYNTHIA A  
Address: 240 PINEWINDS BLVD  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL HASTINGS

MGRM

02/14/2008

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