

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90123 013 ***138.75

60006314



01292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000054536

1. Entity Name
THREE ECCENTRICS, LLC



Principal Place of Business
**705 PARKER STREET
INVERNESS, FL 34450**

Mailing Address
**705 PARKER STREET
INVERNESS, FL 34450**

2. Principal Place of Business - No P.O. Box #
1881 E. FLETCHER ST

3. Mailing Address
**1881 E. FLETCHER ST
HERNANDO**

City & State
HERNANDO, FL

City & State
HERNANDO, FL

Zip
34442

Country
USA

4. FEI Number
20-2501941

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HORNER, JOAN H
705 PARKER STREET
INVERNESS, FL 34450**

7. Name and Address of New Registered Agent

Name
CYNTHIA J. RESARE

Street Address (P.O. Box Number is Not Acceptable)
1881 E. FLETCHER ST.

City
HERNANDO

FL Zip Code
34442

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 **CYNTHIA J. RESARE** DATE **JANUARY 30, 2008**

(NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORNER, JOAN H TRUSTEE 705 PARKER STREET INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORNER, JOAN H. TRUSTEE 6926 SOUTH LLOYD TERRACE FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOGBERG, LOUISE M 715 BALMORAL COURT INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOGBERG, LOUISE M. TRUSTEE 715 BALMORAL COURT INVERNESS, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESARE, CYNTHIA J 1881 E. FLETCHER PT HERNANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CYNTHIA J. RESARE** DATE **JANUARY 30, 2008** DAYTIME PHONE # **352-344-3123**

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