

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000077459**

1. Entity Name  
**HAND MAIDEN SOAPS N GIFTS LLC**



Principal Place of Business  
**18800 US HWY 301  
DADE CITY, FL 33523 US**

Mailing Address  
**18800 US HIGHWAY 301  
DADE CITY, FL 33523 US**



02082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3097283**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHOOK, KARYN J RA  
16731 HWY 301  
#70  
DADE CITY, FL 33523**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FINLEY-FRIEDRICH, DONNA L
STREET ADDRESS	18800 US HIGHWAY 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGRM
NAME	FINLEY-MUCCINO, LORIANNE M
STREET ADDRESS	37348 KAST WAY
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGRM
NAME	FRIEDRICH, VICTOR C
STREET ADDRESS	18800 US HWY. 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000830077  
02/26/08-80068-018 143.75

**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 608, Florida Statutes.

**SIGNATURE:**

*Donna L. Finley-Friedrich*

*2/13/08*

*352-567-5152*

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

Date

Daytime Phone #