2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1/2008-90019-034-$138.75-$138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 4:24

DOCUMENT # L06000012281

1. Entity Name
HANNOR'S BOUTIQUE & CONSIGNMENT "LLC"

Principal Place of Business	Mailing Address
3938 CALDWELL DRIVE TALLAHASSEE, FL 32310	3938 CALDWELL DRIVE TALLAHASSEE, FL 32310

02282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANNOR, ANNIE
1938 BAYWIND CT
TALLAHASSEE, FL 32303-8604

7. Name and Address of New Registered Agent

Name: ANNIE HANNOR
Street Address (P.O. Box Number is Not Acceptable): 3938 Caldwell Drive
City: TALLAHASSEE FL Zip Code: 32316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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	MGR HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE, FL 323038604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ Mailing Address ANNIE HANNOR P.O Box 20848 TALLAHASSEE, Florida 32316	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROWN, TAMETRIA 4450 NW 23RD ST LAUDERHILL, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TAMETRIA BROWN~~ MGRM TAMetria Brown 1080 E Country Club Circle Plantation, Florida -33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILSON, ANNA 7704 BROOK MELLOW PLACE PENSACOLA, FL 32351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASHLEY, DE'BORAH 19 NW 45 AVE DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Annie T. Hannor 4-28-08 850-590-8395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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