

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032580

Entity Name: HOPE MANAGEMENT LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

199 TYLER AVE #21  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

199 TYLER AVE.  
#21  
CAPE CANAVERAL, FL 32920 US

**Current Mailing Address:**

P.O. BOX 1601  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

FEI Number: 20-0608648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PARMAN, NORMA GAIL  
199 TYLER AVE # 21  
CAPE CANAVERAL, FL 32920 US

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

LA VILLA  
199 TAYLER AVE.  
#21  
CAPE CANAVERAL, FL 32920 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: NORMA GAIL PARMAN

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PARMAN, NORMA GAIL  
Address: 199 TYLER AVE # 21  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby 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: NORMA GAIL PARMAN

MGR

04/10/2012

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