2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

07-17-2008 90016 031 ***138.75

DOCUMENT # L07000099609

1. Entity Name
ERRANDS N' THINGS, LLC

Principal Place of Business
1325 S. INTERNATIONAL PARKWAY
SUITE 2221
LAKE MARY, FL 32746

Mailing Address
1325 S. INTERNATIONAL PARKWAY
SUITE 2221
LAKE MARY, FL 32746

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

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 11-3825111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARKE, FARAH D
1325 S. INTERNATIONAL PARKWAY
SUITE 2221
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name: WINNIFRED A. HARVEY
Street Address (P.O. Box Number is Not Acceptable): 1325 S. INTERNATIONAL PKWY - SUITE 2221
City: LAKE MARY FL Zip Code: 32746

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: WINNIFRED A. HARVEY 8/9/08
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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HARVEY, SOPHIA H.	
STREET ADDRESS	1325 S. INTERNATIONAL PARKWAY	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	MGRM	☐ Delete
NAME	HARVEY, WINNIFRED A	
STREET ADDRESS	1325 S. INTERNATIONAL PARKWAY	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [signature] 8/9/08 407-444-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #