

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90028 011 ***138.75

DOCUMENT # L07000119621					
1. Entity Name THINGS TO COME, LLC					
Principal Place of Business 861 NORTH HIGHWAY 21 MELROSE FL 32666		Mailing Address 861 NORTH HIGHWAY 21 MELROSE FL 32666			
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 <i>36-3786182</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> 2nd MOORE CR2E083 (4/08)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BONNER, PEGI D 861 NORTH HIGHWAY 21 MELROSE FL 32666			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <i>P. Bonner</i>		<i>Pegi D. Bonner</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		<i>8/11/08</i> <small>DATE</small>	
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, GARY W		NAME	<i>Bonner Gary W</i>	
STREET ADDRESS	861 NORTH HIGHWAY 21		STREET ADDRESS	<i>861 N. Hwy 21</i>	
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP	<i>Melrose FL 32666</i>	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, PEGI D		NAME		
STREET ADDRESS	861 NORTH HIGHWAY 21		STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *P. Bonner* *Pegi D. Bonner* *8/11/08* *352475-5139*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #