

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039435

FILED
Jun 30, 2009
Secretary of State

Entity Name: HANCOCK FINANCIAL LLC

Current Principal Place of Business:

504 S ALBANY AVE #C
TAMPA, FL 33606

New Principal Place of Business:

504 SOUTH ALBANY AVENUE
SUITE C
TAMPA, FL 33606

Current Mailing Address:

504 S ALBANY AVE #C
TAMPA, FL 33606

New Mailing Address:

504 SOUTH ALBANY AVENUE
SUITE C
TAMPA, FL 33606

FEI Number: 11-3832878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCOCK, ROBERT K.E.
504 S ALBANY AVE #C
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

HANCOCK, ROBERT K.E.
504 SOUTH ALBANY AVENUE
SUITE C
TAMPA, FL 33606 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: ROBERT K.E. HANCOCK

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: HANCOCK, ROBERT
Address: 504 SOUTH ALBANY AVENUE, SUITE C
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT K.E. HANCOCK

MR.

06/30/2009

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