

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098309

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: HOPE REINS, LLC

**Current Principal Place of Business:**

3804 PIONEER TRAIL  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

135 COUNTRY CIRCLE DRIVE EAST  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ROSENTHAL, HOPE C  
135 COUNTRY CIRCLE DRIVE EAST  
PORT ORANGE, FL 32128 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSENTHAL, HOPE C  
Address: 135 COUNTRY CIRCLE DRIVE EAST  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR ( ) Delete  
Name: PSATHAS, NICHOLAS M  
Address: 135 COUNTRY CIRCLE DRIVE EAST  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HOPE ROSENTHAL

MGR

04/14/2009

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