

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021128

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** CIRCLE OF FRIENDS THRIFTSTORE LLC

**Current Principal Place of Business:**

12230 US HWY 19  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

12230 US HWY 19  
HUDSON, FL 34667 US

**New Mailing Address:**

**FEI Number:** 27-1974551      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COMBS, BRENDA  
15422 JOSHUA LN  
HUDSON, FL 34667 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:** MGRM  
**Name:** HORAK, JULIE  
**Address:** 7441 CHAPEL AVE.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGRM  
**Name:** COMBS, BRENDA  
**Address:** 15422 JOSHUA LN  
**City-St-Zip:** HUDSON, FL 34669 US

**Title:** MGRM  
**Name:** DENTON, MARY  
**Address:** 16516 HILL N DALE  
**City-St-Zip:** HUDSON, FL 34667

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: BRENDA COMBS

PTNR

04/12/2011

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