

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001726

Entity Name: HOWARD CANCEL, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

501 SOUTH MACDILL AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

214 ANNIE JONES RD.  
MURPHY, NC 28906

**Current Mailing Address:**

501 SOUTH MACDILL AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

214 ANNIE JONES RD.  
MURPHY, NC 28906

FEI Number: 48-7602776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINES, JAMES P ESQ  
HINES NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 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 ( ) Delete  
Name: HUFFMAN, DAVID B TRUSTEE  
Address: 501 SOUTH MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUFFMAN, DAVID B TRUSTEE  
Address: 214 ANNIE JONES RD.  
City-St-Zip: MURPHY, NC 28906

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: DAVID HUFFMAN

MGRM

04/22/2008

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