

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104531

**Entity Name:** CONNORS GIFTS, LLC

**Current Principal Place of Business:**

218 W TOMPKINS STREET  
INVERNESS, FL 34450

**Current Mailing Address:**

218 W TOMPKINS STREET  
INVERNESS, FL 34450

**FEI Number:** 20-3675040

**Certificate of Status Desired:** No

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

VANALLEN, LINDA C  
218 W TOMPKINS ST  
INVERNESS, FL 34450 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VANALLEN, LINDA C  
Address 1811 S SPIVEY TERRACE  
City-State-Zip: INVERNESS FL 34450

Title MGRM  
Name CONNORS, WALTER DII  
Address 9375 E SWEETWATER DR  
City-State-Zip: INVERNESS FL 34450

Title MGRM  
Name FITZPATRICK, BRENDA C  
Address 37 N BRAEMER  
City-State-Zip: INVERNESS FL 34450

Title MGRM  
Name HIMMEL, SANDRA C  
Address 5494 E GRANGER ST  
City-State-Zip: INVERNESS FL 34452

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA VANALLEN

**MEMBER**

**04/03/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date