

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 03, 2003 8:00 am
Secretary of State

2/4

02-04-2003 90056 015 ****50.00

DOCUMENT # L00000013675

1. Entity Name
HESSBURG, LLC



Principal Place of Business
**906 JANMAR CT
SUITE E
CLERMONT FL 34711**

Mailing Address
**906 JANMAR CT
SUITE E
CLERMONT FL 34711**

00012718

2. Principal Place of Business
**548 US Hwy 27
Suite, Apt. #, etc.
SUITE C
CLERMONT, FL**

3. Mailing Address
**548 US Hwy 27
Suite, Apt. #, etc.
SUITE C
CLERMONT, FL**

Zip **34711** Country **LAKE**

Zip **34711** Country **LAKE**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BOYETTE, K. WADE ESQ
C/O GRAY HARRIS & ROBINSON PA
1380 GRAND HWY
CLERMONT FL 34712**

4. FEI Number **59-3714606**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESSBURG, DANIEL J 1956 BRANTLEY CIRCLE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HESSBURG, SARAH P 906 JANMAR COURT, SUITE E CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete <i>NOT PRINCIPAL/MGR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M REVO, LLC 713 TROMBLEY CROSS POINTE MI 48230	<input checked="" type="checkbox"/> Delete <i>NOT PRINCIPAL/MGR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1956 BRANTLEY CIRCLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *DANIEL J. HESSBURG* **DANIE J. HESSBURG** *1/30/03* **352-394-1894**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)