2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2007 8:00 am
Secretary of State
07-31-2007 90002 013 ****50.00

DOCUMENT # L06000013687

1. Entity Name
HECHT GROUP LLC

Principal Place of Business
6161 PHILIPS HIGHWAY
JACKSONVILLE FL 32216
US

Mailing Address
6161 PHILIPS HIGHWAY
JACKSONVILLE FL 32216
US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
P.O. Box 551260

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip 32255 | Country US

4. FEI Number 20-4306953 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HECHT, STUART I
6161 PHILIPS HIGHWAY
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Ansbacher & Schneider, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road

Building 100

City Jacksonville, FL Zip Code 32256

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 _____ 7/26/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HECHT, STUART I 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHT, LARRY M 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 7/23/2007 (904) 731-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #