

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010698

**Entity Name:** 3H, LLC

**Current Principal Place of Business:**

123 POCAHONTAS RD  
FLORAHOME, FL 32140

**Current Mailing Address:**

690 FLINTLOCK DRIVE  
DACULA, GA 30019 US

**FEI Number:** 25-1909698

**Certificate of Status Desired:** No

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

HEATON, JOHN C  
1863 TIERRA VERDE DR  
ATLANTIC BEACH, FL 32233 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           | MGR                 | Title           | MGRM                    |
| Name            | HEATON, HAROLD J    | Name            | HEATON, THOMAS F        |
| Address         | 690 FLINTLOCK DRIVE | Address         | 339 10TH STREET         |
| City-State-Zip: | DACULA GA 30019     | City-State-Zip: | ATLANTIC BEACH FL 32233 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGRM                    |
| Name            | HEATON, JOHN C          |
| Address         | 1863 TIERRA VERDE DR    |
| City-State-Zip: | ATLANTIC BEACH FL 32233 |

*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:** HAROLD J HEATON

MANAGER

02/04/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date