

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062047

**Entity Name:** HER HALF, LLC

**Current Principal Place of Business:**

2605 SW 33RD ST  
#200  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 2495  
OCALA, FL 34478

**FEI Number:** 20-3111020

**Certificate of Status Desired:** No

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

KIRKPATRICK, KENNETH B  
2605 SW 33RD ST  
#200  
OCALA, FL 34471 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 KIRKPATRICK, SUZANNE R  
Address 8235 SE 15TH CT.  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name KIRKPATRICK, KENNETH  
Address 2605 SW 33RD ST.  
#200  
City-State-Zip: Ocala FL 34471

*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:** SUZANNE R. KIRKPATRICK

MGRM

02/24/2022

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

\_\_\_\_\_  
Date