

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062313

Entity Name: HER OTHER 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: 20-3110941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH
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, KENNETH B
Address 8235 SE 15TH CT
City-State-Zip: Ocala FL 34480

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: KENNETH B. KIRKPATRICK

MGRM

03/26/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date