

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051843

**Entity Name:** HEADINGS ESTABLISHMENT, LLC

**Current Principal Place of Business:**

2983 NW 69 TERRACE  
MIAMI, FL 33147

**Current Mailing Address:**

PO BOX 472766  
MIAMI, FL 33247 US

**FEI Number:** 20-2979258

**Certificate of Status Desired:** No

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

HEADINGS, CYNTHIA  
2983 NW 69TH TERRACE  
MIAMI, FL 33147 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            | HEADINGS, CYNTHIA    | Name            | HEADINGS, DARNELL    |
| Address         | 2983 NW 69TH TERRACE | Address         | 2983 NW 69TH TERRACE |
| City-State-Zip: | MIAMI FL 33147       | City-State-Zip: | MIAMI FL 33147       |

*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:** CYNTHIA HEADINGS

**MGR**

**04/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date