## **2003 LIMITED LIABILITY COMPANY**

## FILED Mar 03, 2003 8:00 am Secretary of State

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02-04-2003 90056 015 \*\*\*\*50.00

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DOCUMENT #	L00000013675		

1. Entity Name

SIGNATURE

HESSBURG, LLC



Principal Place of Business Mailing Address 906 JANMAR CT 906 JANMAR CT SUITE E SUITE E CLERMONT FL: 34711 CLERMONT FL 34711

2. Principal Place of Business 548 U.S. Hwy 27	3. Mailing Address 548 US Hwy 27
Suite, Apt. #, etc. C	Suite Apt. #, etc.
City & State	City & State

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3714606 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7... Name and Address of New Registered Agent

BOYETTE, K. WADE ESQ C/O GRAY HARRIS & ROBINSON PA 1380 GRAND HWY **CLERMONT FL 34712** 

LAKE

6. Name and Address of Current Registered Agent ..

Street Address (P.O. Box Number is Not Acceptable) City Zip Code

SIVATOGG

8.	i. The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent.	nt, or both	, in the State of Florida.	I am familiar with,	and accept
	· · · · · ·				

Country

LAKE

(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State

	1	Due I	By May 1, 200	3		•		- [
9.	MANAGING MEMBERS/	MANAGERS	10.		ADDITIONS	S/CHANGES		$\dashv$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESSBURG, DANIEL J 1956 BRANTLEY CIRCLE CLERMONT FL 34711	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chan	ige Addition	S S S C S C C C C C C C C C C C C C C C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HESSBURG, SARAH P 906 JANMAR COURT, SUITE E CLERMONT FL 34711	NOT PUNCIPAL/MEA	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	1952 3	MATLEY	Sucre-	ge Additio	- CR2
NAME STREET ADDRESS CITY-ST-ZIP	REVO, LLC 713 TROMBLEY CROSS POINTE MI 48230	NOT PMNCIPAC/MGR	-TITLE				ge Addition	- }
NAME STREET ADDRESS CITY+ST-ZIP		Li Deleg	NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Chao	ge 🔲 Addillo	n
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Defeta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗖 Addition	,
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Additlon	

11. I hereby certify that the information supplied with his fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and final my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or prusted employeed to execute this report as required by Chapter 608, Florida Statutes.