2001 UNIFORM BUSINESS REPORT (UBR)

1427 LANTAMA COURT WESTON FL 33326 2. Principal Place of Business Sutto, Apt. #, etc. Sutto, Apt. #, etc. City & State City	DOCUMENT # L0000013954 1. Entity Name HENMILEST CONSULTANTS, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
2. Principal Piace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country S. Certificate of Status Desired Story South Address of New Registered Agent TOVAR, ILEANA ARIAS 9900 STIRLING ROAD, SLITE 218 COOPER CITY FL City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ficrida. SIGNATURE Signature, hyped or printed name of registered agent and title # applicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS TITLE MGR MGR Delde MGR Delde TITLE MGR MGR DUTY-ST-Jip MGR Delde MGR DOUGLAS STREET ADDRESS TITLE MGR MGR DUTY-ST-Jip WESTON FL 33326 TITLE MGR MORA, WILLIAM MGR Delde MORA, WILLIAM MGR Delde MORA, WILLIAM MGR MORA, WILLIAM MGR Delde MORA, WILLIAM MGR MORA, WILLIAM MGR Delde MORA, WILLIAM MGR Delde MGR MORA, WILLIAM MGR Delde MORA, WILLIAM MGR MGR MGR MGR MGR MGR MGR M	1427 LANTANA COURT 1427 LANTANA COURT						· 01 M	IAR -5 P	M 3: 11		
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Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 6. 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				N	lame						
8. 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 Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9.	·			S	Street Address (P.O. Box Number is Not Acceptable)						
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11. I hereby certify that the information supplied with this filling 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 that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	44 Ibarahu	partiful that the information conclined with	th this filing does not qualify to	or the evernat	tion stated in t	Section 110	0.07(3)(i) Florida Statu	tes. I further ce	ertify that the in	nformation	