

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90420 019 ****50.00

DOCUMENT # L00000016247

1. Entity Name

THE HEAVENER COMPANY SECURITIES, LLC



Principal Place of Business

**3260 UNIVERSITY BLVD.
SUITE 210
WINTER PARK, FL 32792**

Mailing Address

**3260 UNIVERSITY BLVD.
SUITE 210
WINTER PARK, FL 32792**

DO NOT WRITE IN THIS SPACE

01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

26-3889128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEAVENER, JAMES W
STREET ADDRESS	3260 UNIVERSITY BLVD #210
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-04