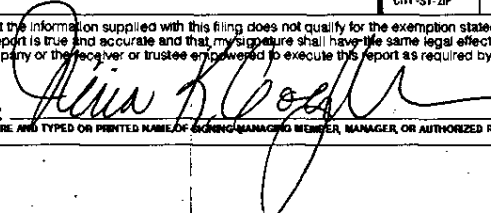


FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92179 046 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30069555

DOCUMENT # L01000008103					
1. Entity Name HESETAR, LLC					
Principal Place of Business 19311 N.W. 8TH ST. PEMBROKE PINES, FL 33029			Mailing Address 19311 N.W. 8TH ST. PEMBROKE PINES, FL 33029		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 85-1107275	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COGHLAN, TOM 19311 N.W. 8TH ST. PEMBROKE PINES, FL 33029				Name	
				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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning)					
FILE NOW!!! FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	MEM COGHLAN, TOM	19311 N.W. 8TH ST.	PEMBROKE PINES, FL 33029		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
	MEM COGHLAN, NINA K	19311 N.W. 8TH ST.	PEMBROKE PINES, FL 33029		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: 				Date: 4/30/03 954 438-7875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)