

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015704

1. Entity Name  
HEID ENTERPRISES OF FLORIDA, LLC



Principal Place of Business  
101 STOVER RD.  
DELAWARE, OH 43015

Mailing Address  
101 STOVER RD.  
DELAWARE, OH 43015

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-2657902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HEID, ROBERT L  
4307 GULFSTREAM PARKWAY  
CAPE CORAL, FL 33993

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HEID, ROBERT L  
4307 GULFSTREAM PARKWAY  
CAPE CORAL, FL 33993

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HEID, PATRICIA A  
4307 GULFSTREAM PARKWAY  
CAPE CORAL, FL 33993

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000215309  
02/05/05-80003-024 50.00

**DO NOT WRITE  
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 #

1/28/05 740 363 9222