

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90068 037 ****50.00

DOCUMENT # L01000018233

1. Entity Name
HENRICKS & SCHANK, LLC



Principal Place of Business
**927 FERN STREET, SUITE 2200
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**927 FERN STREET, SUITE 2200
ALTAMONTE SPRINGS, FL 32701**

24060640



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number

52-2351113

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

**WISER, JAY ESQ.
POHL & SHORT, P.A.
280 W. CANTON AVENUE, SUITE 410
WINTER PARK, FL 32789**

Name

Pohl & Short P.A.

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

same

City

same

FL

Zip Code
same

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SCHANK, GEORGE L**
CITY-ST-ZIP **927 FERN ST., STE 2200
ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HENRICKS, LYNN L**
CITY-ST-ZIP **927 FERN ST., STE 2200
ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

George Schank

George Schank

4/23/04

407-262-9150

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

Date

Daytime Phone #