

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90757 042 \*\*\*\*50.00

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

DOCUMENT # L02000007420

1. Entity Name  
**HEATHROW SOUND, L.L.C.**



Principal Place of Business  
121 SEVILLE ROAD  
WEST PALM BEACH, FL 33405

Mailing Address  
121 SEVILLE ROAD  
WEST PALM BEACH, FL 33405

2. Principal Place of Business  
1111 Lakeview Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1111 Lakeview Drive  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
Winter Park, FL  
Zip  
32789  
Country  
United States

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Winter Park, FL  
Zip  
32789  
Country  
United States

4. FEI Number  
01-0659640  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORLANDO, LINDA  
165 EAST PALMETTO PARK ROAD  
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name  
Rodgers, Linda J  
Street Address (P.O. Box Number is Not Acceptable)  
1746 3rd Ave N #2  
City  
Lake Worth FL Zip Code  
33460

B. 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

Linda J Rodgers

(NOTE: Registered Agent signature required when reinstating)

DATE  
4-30-03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<u>morm</u>				
	<u>Kroha, Christopher</u>				
	<u>1111 Lakeview Drive</u>				
	<u>Winter Park, FL 32789</u>				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Christopher Kroha Managing Member

DATE  
4-30-03

Daytime Phone #  
561-262-6090

CR2E083 (10/02)