

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

07-07-2003 90074 033 \*\*\*\*50.00

0066455

**DOCUMENT # L02000014478**

1. Entity Name

TRUEHEART ENTERPRISES, L.L.C.



Principal Place of Business

815 W. BOYNTON BEACH BLVD.  
SUITE #16-206  
BOYNTON BEACH FL 33426  
US

Mailing Address

815 W. BOYNTON BEACH BLVD.  
SUITE #16-206  
BOYNTON BEACH FL 33426  
US

10109617



2. Principal Place of Business

3205 Las Brisas Dr.  
Suite, Apt. #, etc.

3. Mailing Address

3205 Las Brisas Dr.  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Riverview, FL

City & State

Riverview, FL

4. FEI Number

02-0652549

Applied For

Not Applicable

Zip

33569

Country

US

Zip

33569

Country

US

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRUEHEART, JOHN E  
815 W. BOYNTON BEACH BLVD.  
SUITE #16-206  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name Trueheart, John E  
Street Address (P.O. Box Number is Not Acceptable)  
3205 Las Brisas Dr.  
City Riverview FL Zip Code 33569

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

6/11/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME TRUEHEART, JOHN E  
STREET ADDRESS 815 W. BOYNTON BEACH BLVD., STE.#16-206  
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME TRUEHEART, JOHN E  
STREET ADDRESS 3205 LAS BRISAS DR.  
CITY-ST-ZIP RIVERVIEW, FL 33569

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE REQUIRED**

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

6/11/03 (813) 6574178

Date

Daytime Phone #

CR2E083 (10/02)