

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017520

1. Entity Name
OUR HEIRS, LLC



Principal Place of Business
**6529 NW 97 DR.
PARKLAND, FL 33076**

Mailing Address
**6529 NW 97 DR.
PARKLAND, FL 33076**

DO NOT WRITE IN THIS SPACE



04112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0039668

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRUS HELLA, TIMOTHY
6529 NW 97 DR
PARKLAND, FL 33076**

**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

Timothy Drushella (President)

4/15/04

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**

U00000122845

04/21/04-80048-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DRUSHELLA, TIMOTHY
STREET ADDRESS	6529 NW 97 DR.
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	MGRM
NAME	DRUSHELLA, VALERIE
STREET ADDRESS	6529 NW 97 DR.
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	MGRM
NAME	EDWARDS, RICHARD H
STREET ADDRESS	7625 SUNFLOWER DR.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	MGRM
NAME	EDWARDS, PATRICIA L
STREET ADDRESS	7625 SUNFLOWER DR.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Timothy Drushella Timothy DRUSHELLA

4/15/04

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

Date

Daytime Phone #

9548178955