

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92183 017 ****55.00

DOCUMENT # L02000025374

1. Entity Name

HENDRIKS ENTERPRISES LLC



Principal Place of Business

1555 PALM BEACH LAKES BLVD.
SUITE 1501
WEST PALM BEACH FL 33401
US

Mailing Address

1555 PALM BEACH LAKES BLVD.
SUITE 1501
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

15916 133rd Terr N.

3. Mailing Address

15916 133rd Terr. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33478

Country

US

Zip

33478

Country

US

4. FEI Number

02-0644463

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEVORE & DEVORE, P.A.
1555 PALM BEACH LAKES BLVD.
SUITE 1501
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Hendriks, Cornelis N.
Street Address (P.O. Box Number is Not Acceptable)
15916 133rd Terrace N
City Jupiter FL Zip Code 33478

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 Hendriks C.N. MGRN.

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HENDRIKS, CORNELIUS N
STREET ADDRESS 15916 133RD TERRACE
CITY-ST-ZIP JUPITER FL 33478

10. ADDITIONS/CHANGES

TITLE mgrm ☒ Change ☐ Addition
NAME Hendriks, Cornelis N.
STREET ADDRESS 15916 133rd Terrace N.
CITY-ST-ZIP Jupiter, FL 33478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Hendriks C.N. MGRN.

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

Date

Daytime Phone #

(561) 747-5209
4/28/03

CR2E083 (10/02)