

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025665

Entity Name: HECKSGROUP, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

6005 GULF DRIVE NORTH
UNIT 216
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

108 MAGNOLIA GROVE
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 56-2304742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HECKLINSKI, MICHAEL J
108 MAGNOLIA GROVE
ALPHARETTA, GA, FL 30022 US

Name and Address of New Registered Agent:

HECKLINSKI, MICHAEL J
108 MAGNOLIA GROVE
ALPHARETTA, FL 30022 US

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.

SIGNATURE:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HECKLINSKI, MICHAEL J
Address: 108 MAGNOLIA GROVE
City-St-Zip: ALPHARETTA, GA 30022 US

Title: MGRM () Delete
Name: HECKLINSKI, RANDALL J
Address: 4900 SPRING PARK CIRCLE
City-St-Zip: SUWANEE, GA 30024 US

Title: MGRM () Delete
Name: HECKLINSKI, NANCY L
Address: 108 MAGNOLIA GROVE
City-St-Zip: ALPHARETTA, GA 30022 US

Title: MGRM () Delete
Name: HECKLINSKI, AMY M
Address: 4900 SPRING PARK CIRCLE
City-St-Zip: SUWANEE, GA 30024 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL J. HECKLINSKI

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date