

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026992

1. Entity Name
H & R ENTERPRISES, LLC



Principal Place of Business
**SYLVAN LEARNING CENTER
3231 SE MANICAMP RD
OCALA, FL 34471**

Mailing Address
**339 MADEIRA CR
TIERRA VERDE, FL 33715**



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2387547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SHUFFIELD, W. CHARLES ESQ
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801**

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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

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

(NOTE: Registered Agent signature required when reinstating)

U000000524PES0

**Filing Fee is \$50.00
Due by May 1, 2006**

05/03/06-80115-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KOEPEL, RICHARD J
339 MADEIRA CR
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KOEPEL, HEIDI
339 MADEIRA CR
TIERRA VERDE, FL 33715**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THACKER, HENRY O
760 EVERGLADES CT
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
THACKER, DEBORAH
760 EVERGLADES CT
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/06

Date

Daytime Phone #