

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031246

1. Entity Name
HEC MANAGEMENT, LLC



Principal Place of Business
**1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US**

Mailing Address
**1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US**



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0493352

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENRIQUEZ, SHARON M
1207 NORTH HIMES AVENUE
TAMPA, FL 33607**

**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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
HENRIQUEZ, SHARON M
1207 NORTH HIMES AVENUE
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HENRIQUEZ, KENNETH R
1207 NORTH HIMES AVENUE
TAMPA, FL 33607**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

U00000711879
04/26/07-80023-023 50.00

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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: *Sharon M. Henriquez*

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

Date *4/9/7*

Daytime Phone # _____