2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/13/2004-90324-032-$50.00-$50.00

FILED

04 AUG -9 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000000460

1. Entity Name
SAM HINN MINISTRIES, LLC

Principal Place of Business
1701 ORANGE BLVD.
SANFORD, FL 32771

Mailing Address
P.O.BOX 950596
LAKE MARY, FL 32795-0596

02162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number — Applied For — [X] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINN, SAMI G
1701 ORANGE BLVD.
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
	☐
	☐
	☐
	☐
	☐
	☐

10. V.P. / TREASURER ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
Jeffany Wilson 1129 Orange Blvd Lake Mary, FL 32746	☐	☒
SECRETARY Erika Hinn 1329 Ballentyne Place Apopka, FL 32703	☐	☒
PRESIDENT Sami Hinn 1329 Ballentyne Place Apopka, FL 32703	☐	☒
	☐	☐
	☐	☐
	☐	☐

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: _____ 5/10/04 407-324-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #