

SENT BY: THE PM GROUP;

407 645 2178

FILED
Jul 26, 2004 8:00 am
Secretary of State

1/12/20

1/23/20

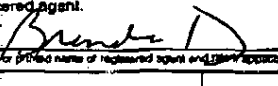
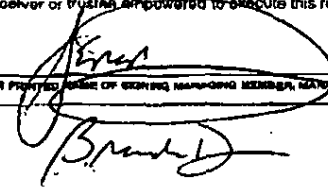
7/6/20

01-12-2004 90131 006 ****50.00

07-06-2004 90253 004 ****150.00

01-23-2004 90120 008 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008724			
1. Entity Name HESTHEABLE1, LLC			
Principal Place of Business 1142 ELYSIUM BLVD. MT. DORA, FL 32757		Mailing Address 1142 ELYSIUM BLVD. MT. DORA, FL 32757	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WILSON-KING, GENESTER S 1142 ELYSIUM BLVD. MT. DORA, FL 32757		7. Name and Address of New Registered Agent Name Brandon King Street Address (P.O. Box Number is Not Acceptable) 1142 Elysium Blvd City Mt Dora FL Zip Code 32757	
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	
Filing Fee is \$50.00 Due by September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Genester Wilson King 25 above	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Lucas Wilson 18 Roundby Rd S. Holly, MA 01075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE: 07/01/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: Daytime Phone #	

34009539



07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number **605-1180915** Applied For Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

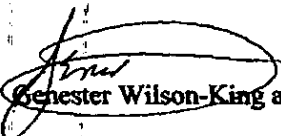
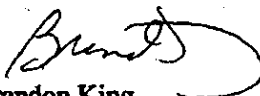
Attachment
34009539

July 2, 2004

To Whom It May Concern:

I never received the card for filing the annual report for Hestheable1.LLC (Document# L03000008724). Hence, I am enclosing \$150.00 filing fee.

Thank you in advance for your cooperation in this matter,

 
Genester Wilson-King and Brandon King