

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90036 034 ****50.00

DOCUMENT # L03000011711					
1. Entity Name HERRIG ENTERPRISES, LLC					
Principal Place of Business 7560 COMMERCE CT. SARASOTA, FL 34243			Mailing Address 7560 COMMERCE CT. SARASOTA, FL 34243		
2. Principal Place of Business 6407 Parkland Dr.		3. Mailing Address P.O. Box 402			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Tallahassee FL		4. FEI Number 03-0515426	
Zip 34243		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRIG, STEVEN F 7560 COMMERCE CT. SARASOTA, FL 34243			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRIG, STEVE F 7560 COMMERCE CT SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERRIG, STEVE F. 6407 Parkland Dr. Sarasota FL 34243	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: <i>Steve F. Herrig</i>			4-11-06 888-925-2990		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		