

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000016745

1. Entity Name
FLORIDA HERITAGE INVESTORS, LLC



Principal Place of Business
1515 HERBERT ST
SUITE 213
PORT ORANGE, FL 32129

Mailing Address
1515 HERBERT ST
SUITE 213
PORT ORANGE, FL 32129



02282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0234114	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUPONT, HEWITT J
1515 HERBERT ST
SUITE 213
PORT ORANGE, FL 32129

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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)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUPONT, HEWITT J 1515 HERBERT ST SUITE 213 PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHELLEY, JOHN A 1515 HERBERT ST SUITE 213 PORT ORANGE, FL 32129
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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

03/12/08

Date

Daytime Phone #

(386) 322-3787