

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000043660		
1. Entity Name IDRIS G. HEARD, LLC		

Principal Place of Business 230 OVERSTREET COURT PALM HARBOR FL 34683	Mailing Address 230 OVERSTREET COURT PALM HARBOR FL 34683
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **20-0380066** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEARD, IDRIS G 230 OVERSTREET COURT PALM HARBOR FL 34683		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 *Idris G Heard* *Idris G Heard* *2/11/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEARD, IDRIS G 230 OVERSTREET COURT PALM HARBOR, FL 34683	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000433573 02/24/06-80022-023 55.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: *Idris G Heard* *Idris G Heard* *2/11/06* *727-418-2133*