

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90056 001 ****55.00

DOCUMENT # **L03000045212**

1. Entity Name

Douglas J. Heidenreich LLC



DO NOT WRITE IN THIS SPACE

20018572

2. Principal Place of Business

4012 5th St. West

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, FL

City & State

4. FEI Number

52-2414554

Applied For

Not Applicable

Zip

33971

Country

USA

Zip

Country

5. Certificate of Status Desired

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\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Douglas J. Heidenreich**

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

4012 5th St. West

City

Lehigh Acres

FL

Zip Code

33971

8. The above named entity submits the 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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager**
NAME **Douglas J. Heidenreich**
STREET ADDRESS **4012 5th St. West**
CITY-ST-ZIP **Lehigh Acres, FL 33971**

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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: **Douglas J. Heidenreich** **2-28-05** **239-368-1564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)