2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

09-13-2005 90025 011 ****50.00
SECRETARY OF STATE L04000004522
DIVISION OF CORPORATIONS

05 OCT 20 PM 1:10

DOCUMENT # L04000004522

1. Entity Name
TERRY HERRON LLC

Principal Place of Business	Mailing Address
190 NORTH ORANGE AVENUE SANFORD FL 32771	190 NORTH ORANGE AVENUE SANFORD FL 32771

TERRY HERRON LLC

2. Principal Place of Business	3. Mailing Address
190 N. ORANGE AVE	SAME
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Sanford Fla. 32771	City & State: SAME
Zip: 32771 · Country: Seminole	Zip: SAME · Country: SAME

1st MOORE CR2E083 (10/04)

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required — Applied For / ☑ Not Applicable

5. Name and Address of Current Registered Agent

HERRON, TERRANCE M
190 NORTH ORANGE AVENUE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name: Terrance M. Herron
Street Address (P.O. Box Number is Not Acceptable): 190 No ORANGE AVE
City: Sanford Fla. FL Zip Code 32771

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: Terrance M Herron TH 9-7-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HERRON, TERRANCE M	
STREET ADDRESS	190 NORTH ORANGE AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Terrance M Herron 10/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #