2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

					04-02-2007 9	/		
DOCUMENT # L04000014240 1. Entity Name 13 HEILWOOD STREET, LLC					600313	129		
Principal Place of Business Mailing Address					Ellor.	,		
7105 PELICA Tampa, FL 3		7105 PELICAN DRIVE Tampa, FL 33636 U	S					
2. Principal Place of Business - No P.O. Box # 7105 PELICAN ISLAND DR Suite, Apt. #, etc.		3. Mailing Address 7105 PELICAN ISLAND DR		·				
Suite, Apt.	₩, e{C.	Suite, Apt. #, etc.		02152007	Chg-LLC	CR2E083 (1	2/06)	
City & State		City & State		4. FEI Numb 20-076				plied For Applicable
^{Zip} 336	,34 Country	^{Zip} 33634	Country	5. Certificate	e of Status Desired		O Addi	
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New F	Registered Agent		
JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756				Name				
			Silest Ad	Street Address (P.O. Box Number is Not Acceptable)				
			J		<u> </u>			
			City			FL Z	ip Code	à
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	registered agent, or b	oth, in the State of Fl	orida. I am familia	r with,	and accept
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)	·	DATE		_ _
	iling Fee is \$50.00 ue by May 1, 2007					ce check payab a Department o		ŧ
D:		RS/MANAGERS	10.		Florid			
	ue by May 1, 2007	ERS/MANAGERS	10.		Florid	Department o		
9.	ue by May 1, 2007 MANAGING MEMBE			7105 PELIC	ADDITIONS AN ISLAND	CHANGES DRIVE	f State	
9. IITLE NAME	MANAGING MEMBER MGRM HIRSCHFELD, JOSEPH		TITLE NAME	7105 PELIC TAMPA F	ADDITIONS AN ISLAND	DRIUE	f State	☐ Addition
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM HIRSCHFELD, JOSEPH 7105 PELICAND RIVE		TITLE NAME STREET ADDRESS	7105 PELIC TAMPA F	ADDITIONS AN ISLAND	DRIUE	f State	
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I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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