

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90205 025 ***138.75

DOCUMENT # L04000025525

1. Entity Name

HEDDY Z DESIGNS, LLC



Principal Place of Business

22301 PIAZZIA DORIA LANE
106
ESTERO FL 33928

Mailing Address

22301 PIAZZIA DORIA LANE
106
ESTERO FL 33928



2. Principal Place of Business - No P.O. Box #

8321 Sumner Ave.

Suite, Apt. #, etc.

3. Mailing Address

8321 Sumner Ave

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

FT Myers FL

Zip
33908

Country

City & State

FT Myers FL

Zip
33908

Country

4. FEI Number

51-0504489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUBROWSKI, HEDDY A
22301 PIAZZIA DORIA LN
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

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

8321 Sumner Ave.

City

FT Myers

FL

Zip Code

33908

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 fee, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MP
ZUBROWSKI, HEDDY A
22301 PIAZZIA DORIA LN, # 106
ESTERO FL 33928

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

8321 Sumner Ave
FT Myers FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #