


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000026578 1. Entity Name HIS COVERING, LLC |  |
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|---|---|
| Principal Place of Business 1022 INDIAN OAKS W HOLLY HILL, FL 32117 | Mailing Address 1022 INDIAN OAKS W HOLLY HILL, FL 32117 |
|---|---|



01052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 86-1101295 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent NEGRINI, WESLEY 1022 INDIAN OAKS W HOLLY HILL, FL 32117 |
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000778027
01/10/08-80032-007 143.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NEGRINI, WESLEY 1022 INDIAN OAKS W HOLLY HILL, FL 32117 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NEGRINI, KATHERINE R 1022 INDIAN OAKS W HOLLY HILL, FL 32117 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

1-5-07

Daytime Phone #

386-846-6477