2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026578

Entity Name: HIS COVERING, LLC

FILED Mar 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5780 SWEETWATER BLVD. PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

5780 SWEETWATER BLVD. PORT ORANGE, FL 32127

FEI Number: 86-1101295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEGRINI, WESLEY

1022 INDIAN OAKS W

HOLLY HILL, FL 32117 US

NEGRINI, WESLEY

5780 SWEETWATER BLVD

PORT ORANGE, FL 32127 US

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.

SIGNATURE: 03/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM () Delete

 Name:
 NEGRINI, WESLEY

 Address:
 1022 INDIAN OAKS W

 City-St-Zip:
 HOLLY HILL, FL 32117

Title: MGRM () Delete
Name: NEGRINI, KATHERINE R
Address: 1022 INDIAN OAKS W
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition Name: NEGRINI, WESLEY

Address: 5780 SWEETWATER BLVD City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change () Addition

Name: NEGRINI, KATHERINE R Address: 5780 SWEETWATER BLVD City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WESLEY NEGRINI MR 03/15/2009