## 2005 LIMITED LIABILITY COMPANY

## Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-18-2005 90080 007 \*\*\*\*50.00 DOCUMENT # L04000044229 SON HERITAGE LLC ... KELL 1.68° 20035194 Principal Place of Business Mailing Address 5240 NE 28TH AVE 5240 NE 28TH AVE FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEDLING, CHARLES Street Address (P.O. Box Number is Not Acceptable) 5240 NE 28TH AVE. FT. LAUDERDALE, FL 33308 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State the professional parties MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE Change ■ Addition NAME . . . . DIEDLING, ANDREW NAME STREET ADDRESS 10922 KRISTYRIDGE DR. STREET ADDRESS CITY-ST-ZIP CINCINNATTI, OH 45252 CITY-ST-ZIP ☐ Defete MGRM TITLE Change ☐ Addition TITLE DIEDLING, CHARLES NAME NAME STREET ADDRESS 5240 NE 28TH AVE. STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP FT. LAUDERDALE, FL 33308 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIEDLING, LINUS NAME NAME STREET ADDRESS 812 BRINY AVE., APT. 2B STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-S1-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

Date

Daytime Phone #

ANDREW 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: