

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044229

FILED
Jul 15, 2008
Secretary of State

Entity Name: SON HERITAGE LLC

Current Principal Place of Business:

5240 NE 28TH AVE
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5240 NE 28TH AVE
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DIEDLING, CHARLES
5240 NE 28TH AVE.
FT. LAUDERDALE, FL 33308 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DIEDLING, ANDREW
Address: 10922 KRISTIRIDGE DR.
City-St-Zip: CINCINNATI, OH 45252 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DIEDLING, CHARLES
Address: 5240 NE 28TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DIEDLING, LINUS
Address: 101 NW 21ST COURT
City-St-Zip: WILTON MANORS, FL 33311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW DIEDLING

MGRM

07/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date