2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# L04000056441

Entity Name: HERZER-MYERS ENTERPRISES LLC

Current Principal Place of Business:

5143 KRISTIN COURT
NAPLES, FL 34105

New Principal Place of Business:

1287 12TH STREET N
NAPLES, FL 34102

Current Mailing Address:

5143 KRISTIN COURT
NAPLES, FL 34105

New Mailing Address:

1287 12TH STREET N
NAPLES, FL 34102

FEI Number: 86-1112666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, DIANE H
5143 KRISTIN COURT
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MYERS, DIANE H
1287 12TH STREET N
NAPLES, FL 34102 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: DIANE MYERS 04/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MYERS, DIANE H
Address: 5143 KRISTIN COURT
City-St-Zip: NAPLES, FL 34105

Title: MGRM ( ) Delete
Name: HERZER, PHYLLIS A
Address: 5143 KRISTIN COURT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MYERS, DIANE H
Address: 1287 12TH STREET N
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change ( ) Addition
Name: HERZER, PHYLLIS A
Address: 1287 12TH STREET N
City-St-Zip: NAPLES, FL 34102

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: DIANE MYERS MGRM 04/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date