

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90031 020 ****50.00

DOCUMENT # L04000063922

1. Entity Name
REIHEL ENTERPRISES LLC



Principal Place of Business
**62 TARPON LANE
KEY LARGO, FL 33037**

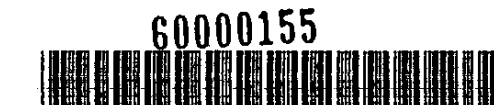
Mailing Address
**4520 CASTLE LANE
BROOMFIELD, CO 80020**

2. Principal Place of Business - No P.O. Box #
513 PINE FOREST TR
Suite, Apt. #, etc.

3. Mailing Address
513 PINE FOREST TR
Suite, Apt. #, etc.

City & State
ORANGE PARK FLA
Zip
32073
Country
USA

City & State
ORANGE PARK FL 32073
Zip
32073
Country
USA



01022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0732485
Applied Fee
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REIHEL, MARY K
62 TARPON LANE
KEY LARGO, FL 33037**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Mary K. Reihel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

1-3-07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MGR	REIHEL, MARY K	62 TARPON LANE	KEY LARGO, FL 33037	☐ Delete
		513 PINE FOREST TR	ORANGE PARK FLA 32073	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

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: *Mary K. Reihel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-03-07
Date

Daytime Phone #