## L. J. LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

**SIGNATURE** 

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L04000064668 1. Entity Name 04-16-2007 90337 024 \*\*\*\*50.00 RICHARD D HEATLEY, LLC Principal Place of Business Mailing Address 32539 PURDUM AVE LEESBURG FL 34788 31838 TROPICAL SHORES DR TAVARES FL 32778 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable 7in Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HEATLEY, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 32539 PURDUM AVE LEESBURG FL 34788 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 Signature, typed or printed name of registered agent and little a applicable. (NOTE; Registered Agent signature required when reinstaking) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THRE MGRM Delete TITLE Change Addition NAME HEATLEY, RICHARD D NAME STREET ADDRESS STREET ADDRESS 32539 PURDUM AVE CiTY-ST-ZIP CITY-ST ZIP LEESBURG FL 34788 ☐ Delete Change ☐ Addition TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP City-St-ZiP Addition Delete HITE Change maxSTRUET ADDRESS STREET ADDRESS CHY ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Change Addition ☐ Delete HILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+SI-ZIP CHY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**