



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90197 018 ****50.00

DOCUMENT # L04000079237			
1. Entity Name HERNY, LLC			
Principal Place of Business 3154 DOW CT DELTONA, FL 32738 US		Mailing Address 3154 DOW CT DELTONA, FL 32738 US	
2. Principal Place of Business - No P.O. Box # 3233 N. COVINGTON DR Suite, Apt. #, etc.		3. Mailing Address 3233 N. COVINGTON DR Suite, Apt. #, etc.	
City & State DELTONA, FL		City & State DELTONA, FL	
Zip 32738 Country VOLUSIA		Zip 32738 Country VOLUSIA	
6. Name and Address of Current Registered Agent HERNADEZ, LUIS 3154 DOW CT DELTONA, FL 32738		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3233 N. COVINGTON DR City DELTONA FL Zip Code 32738	
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 		DATE 6-16-07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNADEZ, LUIS 2946 MARKHAM ST DELTONA, FL 32738 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR L. HERNADEZ 3233 N. COVINGTON DR DELTONA, FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

6-16-07