

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000004658	
1. Entity Name HERAKLEZ LLC.	
Principal Place of Business 6520 MILLER DRIVE SUITE PH-HL MIAMI, FL 33155	Mailing Address 6520 MILLER DRIVE SUITE PH-HL MIAMI, FL 33155



05112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4444046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARY ANN, DEWITT
6520 MILLER DRIVE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 Ann Dewitt

(NOTE: Registered Agent signature required when reinstating)

May 10, 2007

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAVASSAS, HERAKLES A 6520 MILLER DRIVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEWITT, MARY ANN 6520 MILLER DRIVE MIAMI, FL 33155
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09/11/07-80002-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

May 16, 2007

Date

Daytime Phone #

305669859