

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000013265

1. Entity Name
HEART FIRE PRODUCTIONS, LLC



Principal Place of Business
**127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789 US**

Mailing Address
**127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789 US**



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0601700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DURRE, LINNDA
127 WEST FAIRBANKS AVENUE
#501
WINTER PARK, FL 32789**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000946726
05/30/08-80057-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DURRE, LINNDA
STREET ADDRESS	127 WEST FAIRBANKS AVENUE, #501
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	HERSH, MICHAEL
STREET ADDRESS	127 WEST FAIRBANKS AVENUE, #501
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Day

Daytime Phone #

**LINNDA
DURRE**

04/28/08

**407-
246-4681**