2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT #L05000021950** 1. Entity Name HESSES HOME WORK LLC 07 FEB 21 AM 11:52 SECKETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 109 WEST 10TH AVENUE 109 WEST 10TH AVENUE HAVANA, FL 32333 HAVANA, FL 32333 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Ant. #, etc. 02212007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 14-1959393 Not Applicable Zip Country Zip 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 Name HESS, JOHN C Street Address (P.O. Box Number is Not Acceptable) 109 WEST 10TH AVENUE HAVANA, FL 32333 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition HESS, JOHN C NAME NAME STREET ADDRESS 109 WEST 10TH AVENUE STREET ADDRESS CITY-ST-ZIP HAVANA, FL 32333 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE **200088904422** 02/21/07--01020--022 **10 NAME NAME STREET ADDRESS STREET ADDRESS ***T00.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information Thereby certify that the information supplied with this hinty does not qualify for the exemptions contained in chapter. This, Profide Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have 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: PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone