

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90452 036 ****50.00

DOCUMENT # L05000037616

1. Entity Name
HEIR HOLDINGS, LLC



Principal Place of Business
**2014 BRENTWOOD DRIVE
AUBURNDAL, FL 33823**

Mailing Address
**2014 BRENTWOOD DRIVE
AUBURNDAL, FL 33823**

401101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

52-2457265

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURI, CHARLEEN
2014 BRENTWOOD DR
AUBURNDAL, FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGR** ☐ Delete
NAME **TURI, CHARLEEN**
STREET ADDRESS **2014 BRENTWOOD DRIVE**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE **MGR** ☒ Change ☐ Addition
NAME **KING CHARLEEN**
STREET ADDRESS **2014 Brentwood Dr**
CITY-ST-ZIP **Auburndale FL 33823**

TITLE **MGRM** ☐ Delete
NAME **RICE, JAMES**
STREET ADDRESS **2014 BRENTWOOD DR**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **LEMASTER, ANTHONY**
STREET ADDRESS **2014 BRENTWOOD DRIVE**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **FOLKERTS, JANET**
STREET ADDRESS **2014 BRENTWOOD DRIVE**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Charleen Turi King **CHARLEEN KING, MGR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **5-31-07** Daytime Phone # **863-967-0660**