2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042849

1. Entity Name

HEATHER MERCHANT, L.L.C.

FILED Mar 05, 2008 08:00 A Secretary of State

Principal Place of Business

575 NORTH CENTRAL AVENUE OVIEDO, FL 32765

Mailing Address

PO BOX 620392 OVIEDO, FL 32762



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3084848 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MAHAFFEY, JOHN D JR, ESQ 3113 LAWTON ROAD, SUITE 255 ORLANDO, FL 32803

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 X HEATHEY MEYLMANT			X 2-28-08
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent agniture required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST-ZIP	MGRM MERCHANT, HEATHER DAWN PO BOX 620392 OVIEDO, FL 32762		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000848281 03/20/08-80010-014 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-71P		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: Heather Merchant

7-1K-0K

407-369-0536

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

Date

Davime Phone #