## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000043117

Entity Name: HOENSTINE ENTERPRISES LLC

FILED Jan 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1903 HOFFNER AVE. ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 1903 HOFFNER AVE ORLANDO, FL 32809 FEI Number: 30-0312955 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOENSTINE, CLARENCE M 1903 HOFFNER AVE. ORLANDO, FL 32809 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: **PRES** Title: () Change () Addition () Delete HOENSTINE, CLARENCE M Name: Name: 1903 HOFFNER AVE. Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition HOENSTINE, CLARENCE M Name: Name: Address: 1903 HOFFNER AVE. Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition HOENSTINE, CLARENCE M Name: Name: Address: 1903 HOFFNER AVE Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ( ) Delete Title: **PRES** Title: () Change () Addition HOENSTINE, CLARENCE M Name: Name: 1903 HOFFNER AVE. Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: **PRES** ( ) Delete Title: () Change () Addition HOENSTINE, CLARENCE M Name: Name: 1903 HOFFNER AVE. Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition HOENSTINE, CLARENCE M Name: Name: Address: 1903 HOFFNER AVE. Address: ORLANDO, FL 32809 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLARENCE M. HOENSTINE PRES 01/05/2009