


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000044519	
1. Entity Name HEATH HILL DESIGN, LLC	

Principal Place of Business 8661 SOUTHERN GLEN JACKSONVILLE FL 32256	Mailing Address 8661 SOUTHERN GLEN JACKSONVILLE FL 32256
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2. Principal Place of Business - No P.O. Box # 8661 Southern Glen Dr. Suite, Apt. #, etc.	3. Mailing Address 8661 Southern Glen Dr. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256	Zip 32256
Country USA	Country USA

4. FEI Number 32-0150360	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAWFORD, REBECCA 1686 EAGLE NEST CIR. WINTER SPINGS FL 32708	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, REBECCA 8661 SOUTHERN GLEN JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rebecca H. Crawford **4/5/07** **904-683-8944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #