

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-17-2006 90055 010 ****50.00

DOCUMENT # L05000047256 1. Entity Name HERRIGOVICH, LLC					
Principal Place of Business 6500 SALAMANDER DRIVE SARASOTA, FL 34241			Mailing Address 6500 SALAMANDER DRIVE SARASOTA, FL 34241		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, MICHAEL E ESQ. 29 N. PINELLAS AVE. TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Steve F. Herrig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4-11-06</u> Daytime Phone #: <u>888-925-2990</u>		

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4. FEI Number **20-2822140** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required