

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90125 009 ***138.75

DOCUMENT # L05000051494

1. Entity Name
R.I. HELLER & CO., L.L.C.



Principal Place of Business
300 SE SECOND ST
SUITE 860
FORT LAUDERDALE, FL 33301

Mailing Address
300 SE SECOND ST
SUITE 860
FORT LAUDERDALE, FL 33301

00005018



2. Principal Place of Business - No P.O. Box #
4240 GALT Ocean DR

3. Mailing Address
4240 GALT Ocean Dr

Suite, Apt. #, etc.
No 404

Suite, Apt. #, etc.
No 404

01122008 Chg-LLC CR2E083 (12/06)

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number
36-4251506

Applied For
Not Applicable

Zip 33308 Country USA

Zip 33308 Country USA

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PLAMONDON, WILLIAM
STREET ADDRESS 300 SE SECOND ST SUITE 860
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE MGRM ☐ Delete
NAME FULENA, GARY
STREET ADDRESS 631 STEAMBOAT ROAD
CITY-ST-ZIP NAPERVILLE, IL 60565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME #404 4240 GALT Ocean DRIVE
STREET ADDRESS Ft Lauderdale FL 33308
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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: *William Plamondon*

W. H. A. M. Plamondon

1/15/08

630-258-7375

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

Date

Daytime Phone #