

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 005 ****50.00

DOCUMENT # L05000069225

1. Entity Name

HEZRECO, L.L.C.



Principal Place of Business

1925 N.E. 26TH STREET
FORT LAUDERDALE FL 33305

Mailing Address

1925 N.E. 26TH STREET
FORT LAUDERDALE FL 33305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

City & State

4. FEI Number

20-3144452

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNEY, WILLIAM M ESQUIRE
915 MIDDLE RIVER DRIVE, SUITE #506
FORT LAUDERDALE FL 33304

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

WILLIAM M KARNEY ESQUIRE

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

(NOTE: Registered Agent signature required when reinstating)

8-4-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE: MEMBER MGRM
NAME: HEATHER BAUER
STREET ADDRESS: 1925 NE 26TH ST
CITY-ST-ZIP: FORT LAUDERDALE, FL 33305

☐ Delete

TITLE: MGRM
NAME: D. SCOTT CLOUD
STREET ADDRESS: 4562 LAWRENCE
CITY-ST-ZIP: WENTWORTH, MO 64873

☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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10. ADDITIONS / CHANGES

☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

8-4-06 954-465-587