

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90197 020 ****50.00

DOCUMENT # L05000110466

1. Entity Name
HILDA R. REYES ENTERPRISES, LLC



Principal Place of Business
**11437 ROUSE RUN CIRCLE
ORLANDO, FL 32817**

Mailing Address
**11437 ROUSE RUN CIRCLE
ORLANDO, FL 32817**

60031011

2. Principal Place of Business - No P.O. Box #

**10330 Stratford Pointe Ave
Orlando FL**

3. Mailing Address

10330 stratford Pointe Ave



06032007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Orlando Florida

4. FEI Number
76-0805272

Applied For
Not Applicable

Zip
32832

Country
USA

Zip
32832

Country
USA

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

6. Name and Address of Current Registered Agent

**REYES, HILDA R
11437 ROUSE RUN CIRCLE
ORLANDO, FL 32817**

7. Name and Address of New Registered Agent

Name
HILDA R. REYES
Street Address (P.O. Box Number is Not Acceptable)
10330 stratford Pointe Ave
City
Orlando FL Zip Code
32832

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

Hilda R. Reyes

6-1-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
REYES, HILDA R
STREET ADDRESS
11437 ROUSE RUN CIRCLE
CITY-ST-ZIP
ORLANDO, FL 32817

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
MGR
NAME
HILDA R. REYES
STREET ADDRESS
10330 stratford Pointe Ave
CITY-ST-ZIP
Orlando FL 32832

☒ Change ☐ Addition

TITLE
NAME
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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:

Hilda R. Reyes

6-1-07

407 592 5152

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

Date

Daytime Phone #