

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000112846

1. Entity Name
HENDRICKS STATESBORO, LLC



Principal Place of Business
**C/O ROBERT H. HENDRICKS
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**C/O ROBERT H. HENDRICKS
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



02052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3834525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00 - Pd - CK # 1006 4/19/07
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HENDRICKS, ROBERT H
2207 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/02/07-80107-008 50.00

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:

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

Date

Daytime Phone #