2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000117568

1. Entity Name
HERRICK GLEATON HOLDINGS, LLC

Principal Place of Business	Mailing Address
1312 EAST CERVANTES STREET PENSACOLA, FL 32501	1312 EAST CERVANTES STREET PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
71-0992477	Not Applicable

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

6. Name and Address of Current Registered Agent

HERRICK, SHARON H
1312 EAST CERVANTES STREET
PENSACOLA, FL 32501

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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
Due by May 1, 2007

U00000729094
05/08/07-80025-015 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HERRICK, SHARON H
STREET ADDRESS	1312 EAST CERVANTES STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGRM
NAME	GLEATON, ERIC
STREET ADDRESS	102 EAST NINE MILE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Sharon Hess Herrick_ 4/19/07 850-477-7050

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