

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000002404

1. Entity Name  
LAW OFFICES OF HENDREN & BOVE, LLC



Principal Place of Business  
1015-B SO. FLORIDA AVENUE  
ROCKLEDGE, FL 32955

Mailing Address  
1015-B SO. FLORIDA AVENUE  
ROCKLEDGE, FL 32955



02142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4061594

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HENDREN, JACK D  
1015-B SO. FLORIDA AVENUE  
ROCKLEDGE, FL 32955

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LAW OFFICES OF JACK D. HENDREN, P.A.  
1015-B SO. FLORIDA AVENUE  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LAW OFFICE OF CHRISTOPHER J. BOVE, P.A.  
1015-B SO. FLORIDA AVENUE  
ROCKLEDGE, FL 32955

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

U000000848419  
03/20/08-80017-006 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

2/29/08 321-631-7100  
Date Daytime Phone #