

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000013484 1. Entity Name HENDRY COUNTY RENTALS, LLC	
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Principal Place of Business 90 YEOMANS AVENUE LABELLE, FL 33935 US	Mailing Address P.O. BOX 490 LABELLE, FL 33975 US
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01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2316660	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BOY, JOHN B JR 90 YEOMANS AVENUE LABELLE, FL US
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 HENDRY COUNTY REALTY INVESTORS, LLC 90 YEOMANS AVENUE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOY, JOHN B JR 90 YEOMANS AVENUE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINNEY, KENNETH E JR 891 N. RIVER ROAD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KISKER, WILLIAM C JR 401 S. W.C. OWEN AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/09/08-80055-002 138.75

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

1/7/08

Date

863-615-3777

Daytime Phone #