

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016123

Entity Name: HEERA, LLC

FILED  
Jul 05, 2009  
Secretary of State

## Current Principal Place of Business:

530 PEACHTREE RD.  
SANIBEL, FL 33957

## New Principal Place of Business:

## Current Mailing Address:

530 PEACHTREE RD.  
SANIBEL, FL 33957

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ISLAM, SAIFUL  
530 PEACHTREE RD.  
SANIBEL, FL 33957 US

## Name and Address of New Registered Agent:

ISLAM, ELALIA  
530 PEACHTREE RD  
SANIBEL, FL 33957 US

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.

SIGNATURE: ELALIA ISLAM

07/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ISLAM, SAIFUL  
Address: 530 PEACHTREE RD.  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM (X) Delete  
Name: ISLAM, ELALIA  
Address: 530 PEACHTREE RD.  
City-St-Zip: SANIBEL, FL 33957

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ISLAM, ELALIA  
Address: 530 PEACHTREE RD  
City-St-Zip: SANIBEL, FL 33957

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELALIA ISLAM

MGRM

07/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date