2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000021285

1. Entity Name
HENDRIX SALES COMPANY, LLC

Principal Place of Business
258 SHORT AVENUE
LONGWOOD FL 32750

Mailing Address
258 SHORT AVENUE
LONGWOOD FL 32750

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #
258 Short Ave, Longwood Fl.
Suite, Apt #, etc.
City & State: Longwood, Florida
Zip: 32750 Country: USA

3. Mailing Address
258 Short Ave.
Suite, Apt #, etc.
City & State: Longwood, Florida
Zip: 32750 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALIM & PRATT, LLC
207 EAST HILLCREST STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HENDRIX, HUGH C	
STREET ADDRESS	258 SHORT AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	MGR	☐ Delete
NAME	HENDRIX, JUDY A	
STREET ADDRESS	258 SHORT AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U00000773557	
CITY-ST-ZIP	09/07/07-80004-003 50.00	
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: Hugh C. Hendrix 9-3-07 407-830-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #