

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 046 ****50.00

DOCUMENT # L06000024372

1. Entity Name
HORICH INVESTMENT, LLC



Principal Place of Business
**10267 COVE LAKE DRIVE
ORLANDO, FL 32836**

Mailing Address
**10267 COVE LAKE DRIVE
ORLANDO, FL 32836**

60027529



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4393631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEXTON, WANDA
13310 N. 56TH STREET
TEMPLE TERRACE, FL 33617**

Name

JULIE HO

Street Address (P.O. Box Number is Not Acceptable)

1526 GRAND CENTRAL PKWY; #1

ORLANDO, FL 32839

City

FL

Zip Code

32839

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] *[Signature]*

03-01-07

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HO, JULIE
10267 COVE LAKE DRIVE
ORLANDO, FL 32836** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HO, PHILIP
10267 COVE LAKE DRIVE
ORLANDO, FL 32836** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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] *[Signature]*

03-01-07

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

Date

Daytime Phone #