

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042725

FILED
Aug 27, 2007
Secretary of State

Entity Name: HENDIA ENTERPRISES, LLC

Current Principal Place of Business:

708 CONESTTE ROAD
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

708 CONESTTE ROAD
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 20-4757100 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

LEWIS, EULALEE
708 CONESTTE ROAD
WEST PALM BEACH, FL 33413 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRIS, HENROY
Address: 62 LAKE ARBOR DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGRM () Delete
Name: REID, NORDIA L
Address: 62 LAKE ARBOR DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRIS, HENROY
Address: 357 LAKE ARBOR DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

Title: MGRM (X) Change () Addition
Name: REID, NORDIA L
Address: 357 LAKE ARBOR DRIVE
City-St-Zip: PALM SPRINGS, FL 33461

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: HENROY MORRIS

MGRM

08/27/2007

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