


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90014 001 ****55.00

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| DOCUMENT # L06000043118 |  |
| 1. Entity Name HECKARD'S DOOR SPECIALTIES, LLC | |

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| Principal Place of Business 540 HALL ROAD GREEN COVE SPRINGS, FL 32043 | Mailing Address 540 HALL ROAD GREEN COVE SPRINGS, FL 32043 |
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60053403

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 1005 NW 53RD AVE Suite, Apt. #, etc. SUITE B1 | 3. Mailing Address PO BOX 357445 Suite, Apt. #, etc. |
|---|---|



07202007 Chg-LLC CR2E083 (12/06)

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|---------------------------------------|---------------------------------------|
| City & State GAINESVILLE FL | City & State GAINESVILLE FL |
| Zip 32609 | Zip 32655 |
| Country USA | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 72-1616715 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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|---|--|
| 6. Name and Address of Current Registered Agent HECKARD, BARRY P 540 HALL ROAD GREEN COVE SPRINGS, FL 32043 | |
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| | |
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| 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.

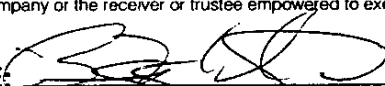
SIGNATURE  DATE **7/23/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HECKARD, WILLIAM B 540 HALL ROAD 3436 NW 67th AVE GREEN COVE SPRINGS, FL 32043 GAINESVILLE, FL 32653 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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  DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE