

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043118

FILED  
Jul 19, 2008  
Secretary of State

**Entity Name:** HECKARD'S DOOR SPECIALTIES, LLC

**Current Principal Place of Business:**

605 NW 53RD AVE STE B1  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

605 NW 53RD AVE  
SUITE B1  
GAINESVILLE, FL 32609

**Current Mailing Address:**

PO BOX 357445  
GAINESVILLE, FL 32635

**New Mailing Address:**

FEI Number: 72-1616715      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:**

HECKARD, BARRY P  
540 HALL ROAD  
GREEN COVE SPRINGS, FL 32043      US

**Name and Address of New Registered Agent:**

HECKARD, BARRY P  
1805 NW 31ST PLACE  
GAINESVILLE, FL 32605      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: BARRY HECKARD

07/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HECKARD, WILLIAM B  
Address: 3436 NW 67TH AVE  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HECKARD, BARRY P  
Address: 1805 NW 31ST PLACE  
City-St-Zip: GAINESVILLE, FL 32605 US

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: BARRY HECKARD

MGR

07/19/2008

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