

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043118

FILED
Jan 13, 2009
Secretary of State

Entity Name: HECKARD'S DOOR SPECIALTIES, LLC

Current Principal Place of Business:

605 NW 53RD AVE
SUITE B1
GAINESVILLE, FL 32609

New Principal Place of Business:

605 NW 53RD AVE
SUITE B-1
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HECKARD, BARRY P OWNER
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

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HECKARD, BARRY P OWNER
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

OWN

01/13/2009

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