2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000049804

1. Entity Name
LUTHER HEIL, LLC

Principal Place of Business	Mailing Address
1354 C LINDA ANN DR. TALLAHASSEE, FL 32301	1354 C LINDA ANN DR. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
14-1961991		Not Applicable

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

6. Name and Address of Current Registered Agent

HEIL, LUTHER
1354 C LINDA ANN DR.
TALLAHASSEE, FL 32301

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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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEIL, LUTHER
STREET ADDRESS	1354 C LINDA ANN DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/08--01014--002 **138.75

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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: _____   04-30-08   (850) 284-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #