

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053152

FILED
Apr 15, 2009
Secretary of State

Entity Name: HECARES, LLC

Current Principal Place of Business:

2135 U.S. HIGHWAY 441/27
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 730
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 20-4925532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUNN, CARL A
2135 U.S. HIGHWAY 441/27
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: MUNN, CARL
Address: 9536 MID SUMMER LANE
City-St-Zip: LEESBURG, FL 34788 US

Title: MGRM () Delete
Name: MUNN, CHRISTOPHER
Address: 9025 CR 128C
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL MUNN

MGR

04/15/2009

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