

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053152

**FILED**  
**Feb 16, 2010**  
**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  
**Name:** MUNN, CARL  
**Address:** 9536 MID SUMMER LANE  
**City-St-Zip:** LEESBURG, FL 34788 US

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

I hereby 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

02/16/2010

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