## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90131 023 \*\*\*\*50.00 **DOCUMENT # L06000115253** HENIG & COMPANY, LLC 60024028 Principal Place of Business Mailing Address 10211 46TH AVE. W 10211 46TH AVE. W BRADENTON, FL 34210 BRADENTON, FL 34210 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENIG, CHERYL A Street Address (P.O. Box Number is Not Acceptable) 10211 46TH AVE. W BRADENTON, FL 34210 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. . 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change ☐ Addition HENIG, CHERYL A NAME NAME STREET ADDRESS 10211 46TH AVE. W STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Chanoe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED