

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119402

FILED
May 01, 2007
Secretary of State

Entity Name: HEAVENLY BLESSINGS INVESTMENTS - LLC

Current Principal Place of Business:

6644 SOUTHEAST 89TH STREET
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

6644 SOUTHEAST 89TH STREET
OCALA, FL 34472

New Mailing Address:

FEI Number: 22-3949683 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DANIELS, HARRIET
Address: 6644 SOUTHEAST 89TH STREET
City-St-Zip: OCALA, FL 34472

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

Title: MGR () Delete
Name: RATTLEY, JAMES
Address: 6644 SOUTHEAST 89TH STREET
City-St-Zip: OCALA, FL 34472

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

Title: S () Delete
Name: MITCHELL, VALERIE
Address: 6644 SOUTHEAST 89TH STREET
City-St-Zip: OCALA, FL 34472

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

Title: T () Delete
Name: LONG, CATHY
Address: 6644 SOUTHEAST 89TH STREET
City-St-Zip: OCALA, FL 34472

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: CATHY LONG

T

05/01/2007

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