

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 27, 2007 8:00 am
Secretary of State

06-27-2007 90059 011 ****55.00



DOCUMENT # L06000120472

1. Entity Name

J. E. HETHER, D.C., P.L.

Principal Place of Business
3959 S NOVA ROAD
SUITE 9
PORT ORANGE FL 32127

Mailing Address
3959 S NOVA ROAD
SUITE 9
PORT ORANGE FL 32127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8073438

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIM F. HELLER P.A.
374 S. ATLANTIC BOULEVARD
B1
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HETHER, JAMES E
5829 NOB HILL BLVD
PORT ORANGE FL 32127

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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 606, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-19-2007