2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020352

Entity Name: HIS PEN LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2750 OLD ST. AUGUSTINE ROAD G67 6161 WILLIAMS RD.

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

PO BOX 5034

TALLAHASSEE, FL 32314

FEI Number: 45-0593212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARD'IS, MARY C R.
2750 OLD ST. AUGUSTINE ROAD

ARD'IS, MARY C R.
6161 WILLIAMS RD.

2750 OLD ST. AUGUSTINE ROAD 6161 WILLIAMS RD. G67 TALLAHASSEE, FL 32311 US

TALLAHASSEE, FL 32301 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: 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: CEOP () Delete Title: () Change () Addition

 Name:
 ARD'IS, MARY C R.
 Name:

 Address:
 PO BOX 5034
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32314
 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: MARY C.R. ARDIS CEOP 04/29/2009