2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L07000045441

Entity Name: KATHY HENDRICKSON, C.P.A., P.L.

Current Principal Place of Business:

5126 NW 24TH TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

5126 NW 24TH TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

P.O. BOX 5546
GAINESVILLE, FL 326275546

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRICKSON, KATHY
5126 NW 24TH TERRACE
GAINESVILLE, FL 32605 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 ( ) Delete
Name: HENDRICKSON, KATHY
Address: 5126 NW 24TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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: KATHY HENDRICKSON MGR 01/04/2008

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