

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051843

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** HEADINGS ESTABLISHMENT, LLC

**Current Principal Place of Business:**

2983 NW 69TH TERRACE  
MIAMI, FL 33147

**New Principal Place of Business:**

3294 NW 41 STREET  
MIAMI, FL 33142

**Current Mailing Address:**

2983 NW 69TH TERRACE  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 20-2979258      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:**

HEADINGS, CYNTHIA  
2983 NW 69TH TERRACE  
MIAMI, FL 33147      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:**

Title: MGR      ( ) Delete  
Name: HEADINGS, CYNTHIA  
Address: 2983 NW 69TH TERRACE  
City-St-Zip: MIAMI, FL 33147

Title: MGRM      ( ) Delete  
Name: HEADINGS, DARNELL  
Address: 2983 NW 69TH TERRACE  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES:**

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

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: CYNTHIA HEADINGS

MGR

05/03/2009

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