

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90020 030 ***138.75

DOCUMENT # L07000064454

1. Entity Name
HEARTLAND CREATIVE INVESTMENTS, LLC



Principal Place of Business
8624 CASTILE ROAD
SEBRING FL 33876

Mailing Address
P. O. BOX 7672
SEBRING FL 33872



2. Principal Place of Business - No P.O. Box #
5460 Lake Haven Blvd

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
Sebring, FL

City & State

4. FEL Number
830486158

Applied For
Not Applicable

Zip
33875

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CAROLYN S
8624 CASTILE ROAD
SEBRING FL 33876

Name
Street Address (P.O. Box Number is Not Acceptable)
5460 Lake Haven Blvd.
City
Sebring FL Zip Code
33875

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 *Carolyn Sue Smith*

DATE 4/14/2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, CAROLYN S 8624 CASTILE ROAD SEBRING FL 33876	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5460 Lake Haven Blvd. Sebring, FL 33875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE: *Carolyn Sue Smith, Manager/Carolyn Sue Smith* 4/14/2008 863-385-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #