

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098539

FILED  
May 05, 2009  
Secretary of State

Entity Name: HEAVEN SENT IDEAS "L.L.C."

**Current Principal Place of Business:**

8316 S.E. PINE HAVEN AVE.  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

15923 82ND ST NORTH  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

8316 S.E. PINE HAVEN AVE.  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

15923 82ND ST NORTH  
LOXAHATCHEE, FL 33470 US

FEI Number: 30-0452546      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:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: ANDERSON, KATHRYN A  
Address: 8316 S.E. PINE HAVEN AVE.  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, KATHRYN A  
Address: 15923 82ND ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: KATHRYN A ANDERSON

MGRM

05/05/2009

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