2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

DOCUMENT # L07000102410 1. Entity Name HERRING ENTERPRISES, LLC								03-13-2008 9	90269 0	17 ***138	3.75
Principal Place 818 LAUREL ORANGE CITY	LEAF ST		Mailing Address 818 LAUREL LEAF ST ORANGE CITY, FL 32763							M Singi Hall sal	***
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03	112008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State			4. [FEI Number	228724	-	 	plied For t Applicable
Zip	Country		Zip	Coun	itry	5. (Certificate o	f Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent						7. 1	Name and A	Address of New Re	gistered /	\gent_	
HERRING, KATHRYN 818 LAUREL LEAF ST					Street Address (P.O. Box Number is Not Acceptable)						
ORANGE CITY, FL 32763											
									FL	Zip Code	•
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											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										ayable to ent of State	•
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	818 LAUF	G, JEFFERY P REL LEAF ST CITY, FL 32763	☐ Delete	1						☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	Addition
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.											

MARCH 10, 2008