

2009 Annual Report

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR -5 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000108122

1. Limited Liability Company's Name

SENG HENG LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1200 W SR 436

Suite, Apt. #, etc.

3. Mailing Office Address

1200 W SR 436

Suite, Apt. #, etc.

City & State

FOREST CITY

City & State

FOREST CITY

Zip

32714

Country

USA

Zip

32714

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 10/25/2007

6. FEI Number

331186362

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

STEVE H HENG

Street Address (P.O. Box Number is Not Acceptable)

493 NOTRE DAME DR

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/1/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THIDA H HENG	493 NOTRE DAME DR	ALTAMONTE SPRINGS, FL 32714

700145041317
03/05/09--01021--006 **138.75

T. CLINE

MAR - 6 2009

EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 3/1/09

Daytime Phone # (407) 788-4525

Typed or printed name of signing Managing Member/Manager THIDA H HENG