

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119840

FILED
Jul 08, 2008
Secretary of State

Entity Name: HONGTING ENTERPRISES, LLC

Current Principal Place of Business:

6971 WEST WEDGEWOOD AVE.
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

6971 WEST WEDGEWOOD AVE.
DAVIE, FL 33331

New Mailing Address:

FEI Number: 26-1575035 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:

ACCOUNTING & TAXES 2000 PLUS, LLC
18139 NE 19TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

ACCOUNTING & TAXES 2000 PLUS, LLC
16499 NE 19TH AVE
102
NORTH MIAMI BEACH, FL 33162 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: MICHAEL K. NARANJIT

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HONGTING, BERTRAM
Address: 6971 WEST WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

Title: MGRM () Delete
Name: HONGTING, JEANETTE
Address: 6971 WEST WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

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: JEANETTE HONGTING

MGRM

07/08/2008

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