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

FILED
Jun 27, 2008 8:00 am
Secretary of State
05-13-2008 90065 011 ***138.75

DOCUMENT # L07000123185

1. Entity Name
LHENCO, LLC.

Principal Place of Business	Mailing Address
3265 GREENBRIAR CT TITUSVILLE FL 32796 US	3265 GREENBRIAR CT TITUSVILLE FL 32796 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

1st MOORE CR2E083 (10/07)

4. FEI Number APPLIED FOR 6/22/08

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

6. Name and Address of Current Registered Agent

HENSLEY, NANCY J
3265 GRENBRIAR CT
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	☐ Delete
NAME	HENSLEY, NANCY	
STREET ADDRESS	3265 GREENBRIAR CT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	MGRM	☐ Delete
NAME	HENSLEY, LARRY	
STREET ADDRESS	3265 GREENBRIAR CT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
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TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Nancy Hensley NANCY HENSLEY 3/18/08 321-268 321-65
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #