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 Fee Requ

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENSLEY, NANCY J 3265 GRENBRIAR CT TITUSVILLE FL 32796	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C

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 wi 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 resigning)

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		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Chang
NAME	HENSLEY, NANCY	NAME	
STREET ADDRESS	3265 GREENBRIAR CT	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Chang
NAME	HENSLEY, LARRY	NAME	
STREET ADDRESS	3265 GREENBRIAR CT	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Chang
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Chang
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Chang
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Chang
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 th 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 me 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 #