

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079397

FILED
Apr 27, 2009
Secretary of State

Entity Name: HENNIG HELBLE & SMITH, LLC

Current Principal Place of Business:

2602 13TH AVENUE REAR
BEAVER FALLS, PA 15010

New Principal Place of Business:

Current Mailing Address:

2602 13TH AVENUE REAR
BEAVER FALLS, PA 15010

New Mailing Address:

FEI Number: 26-3370593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELBLE, MARISSA E
6104 N.W. 37TH DRIVE
GAINESVILLE, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENNIG, JOAN M
Address: 2602 13TH AVENUE REAR
City-St-Zip: BEAVER FALLS, PA 15010

Title: MGRM () Delete
Name: HENNIG, RICHARD A
Address: 2602 13TH AVENUE REAR
City-St-Zip: BEAVER FALLS, PA 15010

Title: MGRM () Delete
Name: HELBLE, MARISSA E
Address: 6104 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: HELBLE, JEFFERY A
Address: 6104 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: SMITH, KRISTINA L
Address: 1811 WEST 11TH STREET, APT. 1
City-St-Zip: BEAVER FALLS, PA 15010

Title: MGRM () Delete
Name: SMITH, WESLEY
Address: 1811 WEST 11TH STREET, APT. 1
City-St-Zip: BEAVER FALLS, PA 15010

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: MARISSA E HELBLE

MGRM

04/27/2009

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