2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093899

Entity Name: CHRIS HENDRIKZ, LLC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

903 SANCTUARY COVE DRIVE 913 SANCTUARY COVE RD

PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

903 SANCTUARY COVE DRIVE 913 SANCTUARY COVE DRIVE PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

FEI Number: 26-3617630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDRIKZ, CHRISTOFFEL
903 SANCTUARY COVE DRIVE
913 SANCTUARY COVE DRIVE
PALM BEACH GARDENS, FL 33410 US
PALM BEACH GARDENS, FL 33410 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: CHRISTOFFEL HENDRIKZ 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: HENDRIKZ, CHRISTOFFEL Name: HENDRIKZ, CHRISTOFFEL HENDRIKZ, CHRISTOFFEL Address: 903 SANCTUARY COVE DRIVE Address: 913 SANCTUARY COVE DRIVE City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CHRISTOFFEL HENDRIKZ MGR 04/30/2009