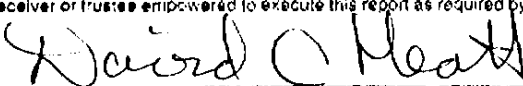


2000 NOTICE. At or October 8, 1997, it is Dissolved, Minimum Amount Due To Reinstale: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.76		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company HEATH & RUEGGE, LLC 519 DUVAL STREET KEY WEST FL 33040		DOCUMENT # M96000000038	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3a. State of Formation GA 3. Date Organized or Qualified 02/06/1996 4. FEI Number 58-2201322 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent RUEGGE, WILLIAM G 579 DUVAL STREET KEY WEST FL 33040		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 606.416 and 606.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (Note: Registered Agent signature required when changing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RUEGGE, WILLIAM G	519 DUVAL STREET	KEY WEST FL
MGRM	HEATH, DAVID C	416 E. PACES FERRY ROAD	ATLANTA GA
700002271587--7 -08/19/97--01081--006 ****588.75 ****588.75 JSP 8/15/97			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING AS MEMBER OR MANAGER			