

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000013484

**Entity Name:** HENDRY COUNTY RENTALS, LLC

**Current Principal Place of Business:**

90 YEOMANS AVENUE  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 490  
LABELLE, FL 33975 US

**FEI Number:** 56-2316660

**Certificate of Status Desired:** No

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

BOY, JOHN BJR  
90 YEOMANS AVENUE  
LABELLE, FL 33935 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name DAVENPORT INVESTORS GROUP, INC.  
Address 90 YEOMANS AVENUE  
City-State-Zip: LABELLE FL 33935

Title AUTHORIZED REPRESENTATIVE  
Name KINNEY, KENNETH E JR  
Address 891 N. RIVER ROAD  
City-State-Zip: LABELLE FL 33935

Title AUTHORIZED MEMBER  
Name RIDGDILL, DONALD W  
Address P.O. BOX 698  
City-State-Zip: LABELLE FL 33975

Title AUTHORIZED REPRESENTATIVE  
Name BOY, JOHN B JR  
Address 90 YEOMANS AVENUE  
City-State-Zip: LABELLE FL 33935

Title AUTHORIZED REPRESENTATIVE  
Name KISKER, WILLIAM C JR  
Address 401 S. W.C. OWEN AVENUE  
City-State-Zip: CLEWISTON FL 33440

Title AUTHORIZED REPRESENTATIVE  
Name MILLER, DAVID N  
Address 90 YEOMANS AVENUE  
City-State-Zip: LABELLE FL 33935

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID N. MILLER

**AUTHORIZED  
REPRESENTATIVE**

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date