

2018 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**AUTH. REPRESENTATIVE** 01/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date