

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000043156

Entity Name: HEIDT DESIGN, LLC**Current Principal Place of Business:**5806 BRECKENRIDGE PARKWAY
SUITE B
TAMPA, FL 33610**Current Mailing Address:**5806 BRECKENRIDGE PARKWAY
SUITE B
TAMPA, FL 33610**FEI Number:** 26-4799824**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GASSAWAY, B PATRICK P
17203 KARIS COURT
TAMPA, FL 33647 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 MGRM, PRESIDENT
Name GASSAWAY, B PATRICK P
Address 5806-B BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

Title MGRM, SRVP
Name PLATE, TIMOTHY MSRVP
Address 5806-B BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

Title MGRM, SRVP
Name TUCKER, MICHAEL RSRVP
Address 5806-B BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

Title OPRM
Name ROGERS, EDWIN JVP
Address 5806-B BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

Title OPRM
Name ANDREASEN, SCOTT EVP
Address 5806-B BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

Title OPRM
Name CARSON, ALAN J. VP
Address 5806 BRECKENRIDGE PARKWAY
SUITE B
City-State-Zip: TAMPA FL 33610

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: B PATRICK GASSAWAY**PRESIDENT****04/05/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date