

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068646

**Entity Name:** HE, SHE & ME, LLC

**Current Principal Place of Business:**

1724 FOWLER STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

1724 FOWLER STREET  
FORT MYERS, FL 33901 US

**FEI Number:** 27-2956091

**Certificate of Status Desired:** No

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD  
STE 101  
FT MYERS, FL 33907 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  
Name HULL, MELODY  
Address 15330 SAM SNEAD LN  
City-State-Zip: FORT MYERS FL 33917

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:** HULL, MELODY

**MANAGER**

**04/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date