

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 25, 2013
Secretary of State
CC3247651619

Entity Name: HESSMORGANHOUSE, LLC

Current Principal Place of Business:

24619 IVORY CANE DRIVE, #101
BONITA SPRINGS, FL 34134-0417

Current Mailing Address:

24619 IVORY CANE DRIVE, #101
BONITA SPRINGS, FL 34134-0417

FEI Number: 56-2559267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORGAN, CHARLES C
24619 IVORY CANE DRIVE, #101
BONITA SPRINGS, FL 34134-0417 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 MGR
Name MORGAN, CHARLES C
Address 24619 IVORY CANE DRIVE, #101
City-State-Zip: BONITA SPRINGS FL 34134-0417

Title MGRM
Name NAGROM SOLRAC CONSULTING, INC.
Address 24619 IVORY CANE DRIVE, #101
City-State-Zip: BONITA SPRINGS FL 34134-0417

Title MGRM
Name JIM HESS CONSULTING, INC.
Address % JAMES HESS
2611 BAYSHORE BLVD. APT. 1503
City-State-Zip: TAMPA FL 33629

Title MGRM
Name ALV CONSULTING, LL
Address % AIMEE VIOLA, 12 ELY FARM LANE
City-State-Zip: NEWTOWN PA 18940

Title MGRM
Name KAM ENTERPRISES, LLC
Address % ANDRA KATZ, 2611 BAYSHORE
BLVD, APT 201
City-State-Zip: TAMPA FL 33629

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES C. MORGAN

**PRINCIPAL AND
MANAGER**

01/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date