## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000068374

Entity Name: HELIOGRAPHIS, LLC

**Current Principal Place of Business:** 

4660 C SW PARKGATE BLVD PALM CITY, FL 34990

**Current Mailing Address:** 

4660 C SW PARKGATE BLVD PALM CITY. FL 34990

FEI Number: 46-4333152 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMANIK, TERRI 4660 C SW PARKGATE BLVD PALM CITY, FL 34990 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: TERRI ROMANIK 02/22/2016

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

**AUTHORIZED REPRESENTATIVE** Title Title MANAGER, AUTHORIZED

REPRESENTATIVE, AUTHORIZED SCHWARTZ, DANNEL Name

**MEMBER** 

4660 C SW PARKGATE BLVD Address Name ROMANIK, TERRI

City-State-Zip: PALM CITY FL 34990 Address 4660 C SW PARKGATE BLVD

> City-State-Zip: PALM CITY FL 34990

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: TERRI L. ROMANIK **MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

02/22/2016 Date

**FILED** Feb 22, 2016

**Secretary of State** 

CC3291488292

Date