

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000174739

**Entity Name:** HELIO KILN REPAIR, LLC

**Current Principal Place of Business:**

917 E. CRENSHAW ST  
TAMPA, FL 33604

**Current Mailing Address:**

PO BOX 8313  
TAMPA, FL 33674 US

**FEI Number: 81-4503055**

**Certificate of Status Desired: Yes**

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR., STE 150A  
TAMPA, FL 33607 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	AMBR	Title	AMBR
Name	BOYD, HEIDI R	Name	BOYD, JAMES K
Address	P.O. BOX 8313	Address	P.O. BOX 8313
City-State-Zip:	TAMPA FL 33674	City-State-Zip:	TAMPA FL 33674

*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: JAMES K. BOYD**

**AMBR**

**05/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date