

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000188585

Entity Name: FAULKNER HINES INDUSTRIES LLC**Current Principal Place of Business:**49 WOODHAVEN CIRCLE
ORMOND BEACH, FL 32176**Current Mailing Address:**49 WOODHAVEN CIRCLE
ORMOND BEACH, FL 32176 US**FEI Number:** 84-2622900**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HINES, KEVIN
49 WOODHAVEN CIRCLE
ORMOND BEACH, FL 32176 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:** KEVIN HINES

02/16/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	HINES, KEVIN P
Address	49 WOODHAVEN CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

Title	MGR
Name	FAULKNER, CARMEN L
Address	49 WOODHAVEN CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

Title	AMBR
Name	HINES, KEVIN P
Address	49 WOODHAVEN CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

Title	AMBR
Name	FAULKNER, CARMEN L
Address	49 WOODHAVEN CIRCLE
City-State-Zip:	ORMOND BEACH FL 32176

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: KEVIN P HINES

MANAGER

02/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date