

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025141

FILED
Mar 21, 2012
Secretary of State

Entity Name: HARRY'S OF AMERICA, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N SUITE 400B
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY N SUITE 400B
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 22-3875356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: SAIG, LOUIS
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: SAIG, GREG
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: SCHEEL, WILLIAM
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: KAVALIEROS, LISA
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR
Name: CHATTIN, WILLIAM
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP
Name: JABOT, JESSE
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this 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.

SIGNATURE: LOUIS SAIG

PRES

03/21/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date