2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010150

HARTER, RODERICK

KISSIMMEE, FL 34746

4924 W IRIO BRONSON MEMORIAL HWY

Name:

Address:

City-St-Zip:

Entity Name: HURN, HARTER, WORRALL, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4924 W IRIO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 **Current Mailing Address: New Mailing Address:** 4924 W IRIO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 FEI Number: 61-1556518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WORRALL, MARION 4924 W IRIÓ BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HURN, CHRISTOPHER G Name: Name: Address: 4924 W IRIO BRONSON MEMORIAL HWY Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WORRALL, NIGEL G Name: Address: 4924 W IRIO BRONSON MEMORIAL HWY Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NIGEL WORRALL MGRM 04/27/2009