

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000025176

**Entity Name:** HARRY'S OF GAINESVILLE,LLC**Current Principal Place of Business:**110 SE 1ST STREET  
GAINESVILLE, FL 32601**Current Mailing Address:**9995 GATE PARKWAY N SUITE 400B  
JACKSONVILLE, FL 32246**FEI Number:** 22-3875356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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 PRES  
Name SAIG, LOUIS  
Address 9995 GATE PARKWAY N SUITE 400B  
City-State-Zip: JACKSONVILLE FL 32246

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

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

Title MGR  
Name KAVALEROS, LISA  
Address 9995 GATE PARKWAY N., SUITE 400  
City-State-Zip: JACKSONVILLE FL 32246

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

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

*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:** LOUIS SAIG**PRESIDENT****03/19/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date