

2014 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****04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date