

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034689

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC1699595240**

**Entity Name:** HARK/BURKHALTER/YON, PL

**Current Principal Place of Business:**

2101 NW CORPORATE BLVD  
SUITE 220  
BOCA RATON, FL 33431

**Current Mailing Address:**

3145 ST. JAMES DRIVE  
BOCA RATON, FL 33434

**FEI Number:** 20-4911806

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARK, CLIFFORD B.  
2101 NW CORPORATE BLVD  
SUITE 220  
BOCA RATON, FL 33431 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:** CLIFFORD B. HARK

01/14/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HARK, CLIFFORD B  
Address 3145 ST. JAMES DRIVE  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name BURKHALTER, LAURA B  
Address 185 N.E. 105 STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name YON, MATTHEW F  
Address 500 S.W. 6TH AVENUE  
City-State-Zip: BOCA RATON FL 33486

*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:** CLIFFORD B. HARK

**PRESIDENT**

01/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date