

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000107767

**Entity Name:** HARJSORRELL LLC.

**Current Principal Place of Business:**

1490 NE PINE ISLAND ROAD  
5A  
CAPE CORAL, FL 33909-2127

**Current Mailing Address:**

1490 NE PINE ISLAND ROAD  
5A  
CAPE CORAL, FL 33909-2127 US

**FEI Number:** 47-5054905

**Certificate of Status Desired:** Yes

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

CONNOR, PAULA BROWN  
4540 COLONY VILLAS DRIVE  
1901  
BONITA SPRINGS, FL 34134 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:** PAULA BROWN CONNOR EA

04/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SORRELL, QUINCY  
Address 1490 NE PINE ISLAND ROAD  
5A  
City-State-Zip: CAPE CORAL FL 33909

Title AUTHORIZED REPRESENTATIVE  
Name CONNOR, PAULA BROWN  
Address 4540 COLONY VILLAS DRIVE  
1901  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** QUINCY SORRELL

MGR

04/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date