

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90230 022 ****50.00

DOCUMENT # L00000002472

1. Entity Name

HARLEY ENTERTAINMENT, L.L.C.



Principal Place of Business

**290 NORTH BEACH STREET
DAYTONA BEACH FL 32114**

Mailing Address

**290 NORTH BEACH STREET
DAYTONA BEACH FL 32114**

2. Principal Place of Business

2871 N. Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

2871 N. Federal Highway
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

St. Landersdale, FL

City & State

St. Landersdale, FL

4. FEI Number

59-3630260

Applied For

Not Applicable

Zip

33306

Country

USA

Zip

33306

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOD, CHARLES D JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ROSSMEYER, BRUCE O**
STREET ADDRESS **290 NORTH BEACH STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE *SAMC* ☒ Change ☐ Addition
NAME *2871 N. Federal Highway*
STREET ADDRESS *St. Landersdale, FL*
CITY-ST-ZIP *33306*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/03

954-724-2800

CR2E083 (10/02)