

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90080 040 \*\*\*\*50.00

**DOCUMENT # L00000007556**

1. Entity Name

**HARSU INVESTMENTS, L.L.C.**

Principal Place of Business

**3314 SW ARMELIM AVE.  
APT. #1  
PALM CITY FL 34990**

Mailing Address

**PO BOX 101  
PALM CITY FL 34991**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1032634**

Applied For

Not Applicable

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

**LOWERY, SUZAN  
916 ST. LUCIE CRESENT  
STUART FL 34994**

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| <b>MGRM<br/>LOWERY, SUZAN<br/>P.O. BOX 101<br/>PALM CITY FL 34991</b> |                                 |                                                |                                                                   |
|                                                                       |                                 |                                                |                                                                   |
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|                                                                       |                                 |                                                |                                                                   |

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:

*Suzan Lowery*

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

*3/25/02*

Date

*772-287-4076*

Daytime Phone #

CR2E083 (9/01)