2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000007556

t. Entity Name

HARSU INVESTMENTS, L.L.C.



FILED Feb 08, 2007 08:00 Al Secretary of State

						'				
Principal Place of Business			Maiting Address							
3314 SW ARMELLIM AVE. APT. #1 PALM CITY FL 34990			PO BOX 101 PALM CITY FL 34991		· (4) -45 }					
2. Principal Place of Business - No P O. Box #			3. Mailing Address	3. Mailing Address			1 (A&IIVII AII AAIII AAIII &AIII	88 111 88 111 88 111 88 1	ii ieeel Biibi Biiib	1456) III HAN
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)			
Cily & State			City & State	City & State			mbor 65-10326	634		pplied For ot Applicable
Zıp		Country	Zıp	Zip Country		5. Certific	ate of Status Desired	a 🗅	\$5.00 Add	
	6. Name a	nd Address of Current F	legistered Agent			7. Name a	ınd Address of Nev	v Registered	Agent	
LOWERY, SUZAN					Namo					
916	ST. LUCIE	CRESENT			Street Address	s (P.O. Box Nur	mber is Not Accepta	ible)		
STU	UART FL 3	4994		Ī						
				ŀ	City			FL	Zip Cod	e
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 St Due By May 1, 2007							.4	. in .		
9 MANAGING MEMBERS/MANAGERS 10.					, -		ADDITION	IS/CHANGES	3	
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11. I heroby o	certify that the i	nformation supplied with	this filing does not qualify for	city-s		ed in Section 1	I 19, Florida Statules	. I further cer	tify that the ir	nformation
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Ffortda 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 receivor or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes.										
mmed na	bility company	or the receiver or trustoo	empowered to execute this	report as	roquired by Cha	apter 608, Flori	da Statutes.			
SIGNAT	ibility company	or the receiver or trustoo	empowered to execute this	report as	roquired by Cha	apter 608, Flori	da Statutes.			