2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000013547 1. Entity Name HARDING STREET, LLC						ار استان استان استان استان اس		f	
						FILED			
Diseased Diseased Diseased						2001 APR 20 AM 11: 19			
Principal Place of Business Mailing Address					DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
1120 N SOUTH LAKE DR 1120 N SOUTH LAKE DR					"	in in the CO	RPORATIONS		
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019						*ALLAHASSE	E, FLORIDA		
								2011 6 020 066 1861	
O District Court Design									
2. Principal Place of Business 4106 Filmore St. 3. Mailing Address 4106 Filmore.				S /				******	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
. , , ,				DO 1101 WIII	TE IN THIS STAGE				
City & State	no I Fl.	City & State	City & State Hollywood Fl.			nber		Applied For	
Zip Zip	Contintry /	Zip	Countr	у /		1069731	<u></u>	Not Applicable Additional	
	Broward	33021	£1×c	ward		ite of Status Desired	Fee Req		
6. N	ame and Address of Current	Registered Agent -		Name	7. Name ai	nd Address of New F	legistered Agent		
SMITH JOANNE M					s (P.O. Box Number is Not Acceptable)				
					(1.0. Box 14din		·)		
HOLLTWOOD FL		-	City			FL Zip (Code		
							r L		
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	8 X X					.An 4	13/01		
Si gr ature, t	typed or printed name of registered agent	and title if applicable. (NOTE:	: Hegistered /	Agent signature required	d when reinstating)		DATE		
		FILE NO	W!!! F	EE IS \$50.00					
		Make Check Pay	able to	Department o	of State				
						• .			
9.	MANAGING MEMB		10.			ADDITIONS			
TITLE COSS	obert Smith	☐ Delete	TITLE			4	☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	1106 Filmore Si	7	NAME	ADDRESS					
CITY-ST-ZIP	Hollywood . F	7/ GOperator		l					
TITLE ~			TITLE				☐ Chan	ge	
NAME ()	Joanne M. Smi	74	NAME		•=	100004			
STREET ADDRESS	4106 Filmore	* 0 1	STREET	ADDRESS	•	1 00004 1 -04/27.	70101079-	-005	
CITY-ST-ZIP	Joanne M. Smi 4106 Filmore S Hollywood, F	1. Operata	CITY-S	T-ZIP		米米米米米	50.00 ****	*50.00	
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				1-211			Chan	an DAddition	
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NAME STREET ADDRESS		•	NAME STREET	ADDRESS .].	
CITY-ST-ZIP	/)		CITY-ST						
	at the information sponlied with	this filing does not qualify for t			ection 119 07/3	N(i) Florida Statutae	further certify that th	e information	
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.									
пппеч паопцу соп	ipally of the receiver of trustee	empowered to execute this re	sport as re	equired by Chapt	iet but, Florida	a Statutes.	4 2	}	
White the state of									
SIGNATURE: 7/4/2019 GO PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #									