

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000016109		
1. Entity Name HARLEY MACHINE TOOLS LLC		

Principal Place of Business 14050 VANGUARD WAY, WYNDAM LAKES ODESSA FL 33556	Mailing Address 14050 VANGUARD WAY, WYNDAM LAKES ODESSA FL 33556
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E063 (10/05)

4. FEI Number 59-3688558	Applied For (Not Applicable)
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARLEY, DONALD L 14050 VANGUARD WAY, WYNDAM LAKES ODESSA FL 33556	
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7. Name and Address of New Registered Agent	
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, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HARLEY, DONALD L 14050 VANGUARD WAY, WYNDAM LAKES ODESSA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000402208 02/02/06-80077-013 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARLEY, ELEONORE H 14050 VANGUARD WAY, WYNDAM LAKES ODESSA FL 33556	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 808, Florida Statutes.

SIGNATURE: D. Harley DONALD L. HARLEY 1-23-06 813-792-9714