

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003907**

1. Entity Name  
**HARMONY FOOD SERVICES, L.L.C.**



Principal Place of Business  
**2992 SEASONS BLVD  
SARASOTA, FL 34240 US**

Mailing Address  
**2992 SEASONS BLVD  
SUITE 100  
SARASOTA, FL 34240 US**



01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1834749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOWERY, ERNEST B III  
2992 SEASONS BLVD  
SARASOTA, FL 34240**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, EARL R 7301 DUNSFORD LANE KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOWERY, EARNEST B III 2992 SEASONS BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHERWOOD, LARRY #3 BLACKBERRY CT JOHNSON CITY, TN 37601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COSBY, LEWIS F 10215 THIMBLE FIELDS DR KNOXVILLE, TN 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/01/05-80016-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Earl Taylor*

1/27/05

865-803-7275