2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L01000003907

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90145 014 ****50.00

1. Entity Nam HARMON	NY FOOD SERVICES, L.L.C) .					
Principal Place 2992 SEASO SARASOTA, F		Mailing Address 2992 SEASONS BLVD SUITE 100 SARASOTA, FL 34240	US	1 (8 21) 8 (1)		EII GBIM BRIBB ININ JBIM BRIII	IBBBS (\$2)
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-LLC	CR2E083 (12/06	3)
City & State		City & State		4. FEI Numb			Applied For Not Applicable
Zip Country		Zip	Country		e of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current F		Registered Agent	gistered Agent		d Address of New R	Registered Agent	
			Name				
BOWERY, ERNEST B III 2992 SEASONS BLVD SARASOTA, FL 34240		Street Addr		iress (P.O. Box Numb	per is Not Acceptable	е)	·
SARASUI	A, FL 34240						
			City			FL Zip Ci	ode
	named entity submits this statement fo tions of registered agent.	or the purpose of changing its	registered office or re	egistered agent, or be	oth, in the State of Flo	orida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)		DATE	
· -	···						
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State		
D	ue by May 1, 2007)		
	ue by May 1, 2007	ERS/MANAGERS	10.)	a Department of St	
9. 717LE	MANAGING MEMBE	ERS/MANAGERS	10.		Florida	a Department of St	ate
9. TITLE NAME	MANAGING MEMBE P TAYLOR, EARL R		TITLE NAME		Florida	a Department of St	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE P TAYLOR, EARL R 7301 DUNSFORD LANE		TITLE NAME STREET ADORESS		Florida	a Department of St	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE P TAYLOR, EARL R 7301 DUNSFORD LANE KNOXVILLE, TN 37919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	a Department of St /CHANGES Change	e Addition
9. TITLE NAME STREFF ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE P TAYLOR, EARL R 7301 DUNSFORD LANE KNOXVILLE, TN 37919 VP		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	a Department of St	e Addition
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I nereby certify that the information supplied with this filling coes not quality for the exemptions contained in chapter 113, Florida Statutes. Forther 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. MANAGED OR AUTHORIZED REPRESENTATIVE