

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90106 049 *****50.00

DOCUMENT # L01000007970

1. Entity Name

HARLEY TRANSPORT, L.L.C.



Principal Place of Business

665 S.E. 10TH STREET, STE 202
DEERFIELD BEACH FL 33441

Mailing Address

665 S.E. 10TH STREET, STE 202
DEERFIELD BEACH FL 33441

20014852



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

FT McCoy FL
Suite, Apt. #, etc.
14780 E. Hwy 316

3. Mailing Address

14780 E. Hwy 316
Suite, Apt. #, etc.

City & State

FT McCoy FL
Zip
32134 County
USA

City & State

FT McCoy FL
Zip
32134 County
USA

4. FEI Number **65-1114073**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J JR.
1200 N. FEDERAL HIGHWAY
SUITE 420
BOCA RATON FL 33432

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, type 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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SEEL, GREGORY B**
STREET ADDRESS **665 S.E. 10TH STREET, STE 202**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **mgr** ☒ Change ☐ Addition
NAME **Gregory B. Seel**
STREET ADDRESS **14780 E. Hwy 316**
CITY-ST-ZIP **FT McCoy FL 32134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-6-02 **800-669-2729**

CR2E083 (10/02)