## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000011587

1. Entity Name

HARMAN & HARMAN, LLC



FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90078 023 \*\*\*\*50.00

### ADDITIONS / CHANGES  ### ADDITIONS / CHANG												
Suite, Apt. 4, etc.   City & State   City & City & State   City & City & State   City & City & City & State   City &	405 17TH STREET. NW 1			1405 17TH STREET, NW	405 17TH STREET. NW							
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S.	2. Principal P	lace of Busir	ness	3. Mailing Address	. Mailing Address							
Zip   Country   Zip   Country   S. Cartification of Status Desired   \$5.00 Additional Pres President   \$5.00 Additional Pres Pres Pres Pres Pres Pres Pres Pres	Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name	City & State	e		City & State	City & State			APPLIED	FOR	<u> </u>	oplied For ot Applicable	
Name   Street Audress (P.O. Box Number is Not Acceptable)	Zip		Zip .	Zip Country								
HARMAN, RICHARD 1405 17TH STREET, NW WINTER HAVEN FL 33881  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a state obligation of registered agent, or both, in the State of Forida. I am familiar with, and a state obligation of registered agent, or both, in the State of Forida. I am familiar with, and a state of Forida Department of State Double of FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By 12, 203  9. MARAMAN, ROBERT B  MARE MARE STREET ADDRESS  DITY-S1-2P  MINTER HAVEN FL 33811  Delete  TITLE  Delete  TITLE  Delete  TITLE  MARE STREET ADDRESS  DITY-S1-2P  TITLE  Delete  TITLE  MARE STREET ADDRESS  DITY-S1-2P  TITLE  MARE STREET ADDRESS  DITY-S1-2P  TITLE  MARE STREET ADDRESS  STREET AD		6. Name		<del></del>	· · · · · · · · · · · · · · · · · · ·							
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 a the obligations of registered agent.  SIGNATURE  Signature types or primes have of registered agent and title if applicable.	1405	5 17TH STF	iard Reet, NW	and the second of the second o								
THE Obligations of registered agent.    SIGNATURE   Signature typed or printed name of registered agent and still it applicable.   NOTE Registered Agent dignature required when reinstissing)   DATE			•			City			FL	Zip Cod	e	
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MARM. HARMAN, ROBERT B SIREET ADDRESS GITY-ST-ZP MANE SIREET ADDRESS GITY-ST-ZP TITLE MAME SIREET ADDRESS GITY-ST-ZP SIREET ADDRESS GITY-ST-ZP TITLE MAME SIREET ADDRESS	3. 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.											
Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE MARM HARMAN, ROBERT B 1405 17TH STREET NW WINTER HAVEN FL 33811  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELET TITLE DELET TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELET TITLE DELET TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELET TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CI	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE NAME HARMAN, ROBERT B 1405 17TH STREET NW STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33811 CITY-ST-ZIP CITY-	Make Check Payable to Florida Department of State											
HARMAN, ROBERT B 1405 17TH STREET NW WINTER HAVEN FL 33811  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZI	9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	HARMAN 1405 17T	H STREET NW	☐ Delete	NAM STRI	IE EET ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address			Delete	NAM STRI	IE EET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			Delete	<sup>-</sup> naw Stri	EET ADDRESS		<del>/</del>	- Andrews	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CONAME STREET ADDRESS STREET ADDRESS	name Street address			☐ Delete	NAM STRI	EET ADDRESS				Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME Street Address			Delete .	NAM STRI	IE EET ADDRESS				☐ Change	☐ Addition	
A I have particularly be the information and line the information at t	NAME Street address			☐ Delete	NAM STRI CITY	ME EET ADDRESS '-ST-ZIP		DV) Flacid Oct	I.C. and a second		Addition	

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 informatic 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:** 

MANAGER, OR AUTHORIZED REPRESENTATIVE