

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90069 008 ***150.00

DOCUMENT # L01000014497

1. Entity Name
HARAS LUISIANA USA, LLC



Principal Place of Business
**C/O MENDIVE & ASSOCIATES
250 CATALONIA AVE., STE. 705
CORAL GABLES, FL 33134**

Mailing Address
**C/O MENDIVE & ASSOCIATES
250 CATALONIA AVE., STE. 705
CORAL GABLES, FL 33134**

00000000



DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1138873

Applied For
Not Applicable

5. Certificate of Status Desired: ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MENDIVE & ASSOCIATES, P.A.
250 CATALONIA AVE., STE. 705
CORAL GABLES, FL 33134**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RINCON, HOLLY S
% 250 CATALONIA AVENUE, SUITE 705
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RINCON, HOLLY ANA
% 250 CATALONIA AVENUE, SUITE 705
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE: *Holly S. Rincon*

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

01/22/08

Date

(352) 629-2309

Daytime Phone #