

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90087 007 ****55.00

DOCUMENT # L01000014948

1. Entity Name

HARMONY HOUSE, LLC



Principal Place of Business

**9531 SCENIC HWY
PENSACOLA FL 32514**

Mailing Address

**9531 SCENIC HWY
PENSACOLA FL 32514**

2. Principal Place of Business

3. Mailing Address

4015 GUINEVERE DR. 4015 GUINEVERE DR.
Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

Zip Country **32514 Escambia** Zip Country **32514 Escambia**

4. FEI Number **59-3733585**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSON, RUTH ANN
9531 SCENIC HWY
PENSACOLA FL 32514**

Name

HUDSON, RUTH ANN

Street Address (P.O. Box Number is Not Acceptable)

4015 GUINEVERE DR.

City

PENSACOLA

FL

Zip Code **32514**

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 **Ruth Ann Hudson**

7-19-03

Signature, typed 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HUDSON, RUTH ANN | |
| STREET ADDRESS | 9531 SCENIC HWY | |
| CITY-ST-ZIP | PENSACOLA FL 32514 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | MGRM. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUDSON, RUTH ANN | |
| STREET ADDRESS | 4015 GUINEVERE DR. | |
| CITY-ST-ZIP | PENSACOLA, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: **RUTH ANN HUDSON** **REQUIRED**

7-19-03

850-484-4779

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

Date

Daytime Phone #

CP2E083 (4/03)