

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011293

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** HARNARRINE APARTMENT RENTALS, L.L.C.

**Current Principal Place of Business:**

3333 S.W. 117TH AVE  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

3333 S.W. 117TH AVE  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 46-0479257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HARNARRINE, LATCHMAN  
3333 S.W. 117TH AVE  
DAVIE, FL 33330      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARNARRINE, LATCHMAN  
Address: 3333 S.W. 117TH AVE  
City-St-Zip: DAVIE, FL 33330

Title: MGRM  
Name: HARNARRINE, LEILADAI  
Address: 3333 S.W. 117TH AVE  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: HARNARRINE LATCHMAN

MGRM

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date