

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000011949

1. Entity Name
HARPER, PAXSON, WILLIAMS & WING, P.L.



Principal Place of Business
**595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174**

Mailing Address
**595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174**



01112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0074330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAXSON, ROBERT E
595 W. GRANADA BLVD.
SUITE I
ORMOND BEACH, FL 32174**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARPER, WILLIAM D CPA,PL
STREET ADDRESS	595 W. GRANADA BLVD SUITE 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	PAXSON, ROBERT E
STREET ADDRESS	595 W. GRANADA BLVD., STE I
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	WILLIAMS, LINDA C
STREET ADDRESS	595 W. GRANADA BLVD., STE I
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	WING, CPA P.A., GEORGE F
STREET ADDRESS	595 W. GRANADA BLVD., STE I
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80015-005 50.00

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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: Robert E. Paxson

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

1/31/2007

Date

386 677-6625

Daytime Phone #