

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

05-23-2008 90161 006 ***138.75

DOCUMENT # L02000015874 1. Entity Name HARLON PUBLISHING, LLC			
Principal Place of Business 170 GEORGIA AVE. CRYSTAL BEACH, FL 34681		Mailing Address P.O. BOX 739 CRYSTAL BEACH, FL 34681	
2. Principal Place of Business - No P.O. Box # 7872 Seilboat Key Blvd S.		3. Mailing Address P.O. Box 41251	
Suite/Apt. #, etc. 205		Suite, Apt. #, etc. 	
City & State S. Pasadena FL		City & State ST. Petersburg FL	
Zip 33707		Zip 33742	
Country Piñellas		Country Piñellas	
4. FEI Number 33-1009837		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARBOLT, LAWRENCE 170 GEORGIA AVE. CRYSTAL BEACH, FL 34681		7. Name and Address of New Registered Agent Name Lawrence Harbolt Street Address (P.O. Box Number is Not Acceptable) _____ 7872 Seilboat Key Blvd S., Suite 205 City S. Pasadena FL Zip Code 33707	
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 <i>Lawrence Harbolt managing member</i> LAWRENCE HARBOLT JUNE 27, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBOLT, LAWRENCE 170 GEORGE AVE. PO BOX 739 CRYSTAL BEACH, FL 34681	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harbolt Lawrence 7872 Seilboat Key Blvd S, Suite 205 S. Pasadena FL 33707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Lawrence Harbolt mgrm</i> LAWRENCE HARBOLT JUNE 27, 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 727 420 4810 Daytime Phone #	