


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90073 029 ***138.75

DOCUMENT # L02000025141 1. Entity Name HARRY'S OF AMERICA, LLC			
Principal Place of Business 1056 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250		Mailing Address 1056 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box # 9995 Gate Parkway N		3. Mailing Address 9995 Gate Parkway N	
Suite, Apt. #, etc. Suite 400B		Suite, Apt. #, etc. Suite 400B	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32246		Zip 32246	
Country USA		Country USA	
4. FEI Number 22-3875356		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 F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEEL, WILLIAM 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVALIEROS, LISA 9995 GATE PKWY N STE 40 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 9995 GATE PARKWAY N., SUITE 400 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JABOT, JESSE 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jesse Jabot</u> <u>JESSE JABOT</u> <u>7-22-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

60045716



ATTACHMENT

Please Add:

P.
Jabot, Jeff
9995 Gate Parkway N
Suite 400B
Jacksonville, FL 32246

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