

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90316 025 ****50.00

DOCUMENT # L02000025178

1. Entity Name
HARRY'S OF JAX BEACH, LLC



Principal Place of Business
**1018 N. THIRD STREET
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1056 N. 3RD STREET
JACKSONVILLE BEACH, FL 32250**

60046551



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

22-3875356

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

Name

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

City

FL

Zip Code

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**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SAIG, LOUIS
STREET ADDRESS 1056 N. 3RD ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE MGR ☐ Change ☒ Addition
NAME Lisa Kavalieros
STREET ADDRESS 9995 Gate Parkway North, Ste 400
CITY-ST-ZIP Jacksonville, FL 32246

TITLE MGR ☐ Delete
NAME SAIG, GREG
STREET ADDRESS 1056 N. 3RD ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE P ☐ Change ☒ Addition
NAME Jeff Jabot
STREET ADDRESS 1056 N. 3rd St
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE MGR ☐ Delete
NAME SCHEEL, WILLIAM
STREET ADDRESS 1056 N. 3RD ST.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME KOEGLER, STEVE
STREET ADDRESS 9995 GATE PARKWAY N.
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CHATTIN, WILLIAM
STREET ADDRESS 9995 GATE PARKWAY N. SUITE 400
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JABOT, JESSE
STREET ADDRESS 1056 NORTH 3RD ST
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4-25-07

**924
247-1510**