


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-28-2008 90073 026 \*\*\*138.75

<b>DOCUMENT # L02000025195</b>	
1. Entity Name <b>HARRY'S OF OCALA, LLC</b>	

Principal Place of Business <b>24 SE 1ST AVENUE OCALA, FL 34471</b>	Mailing Address <b>1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250</b>
--	---

60045713

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>9995 Gate Parkway N Suite 400B Jacksonville, FL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
<b>32246</b>	<b>USA</b>



07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>22-3875356</b>		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 <b>F &amp; L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	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 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEEL, WILLIAM 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JABOT, JEFF 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JABOT, JESSE 1056 NORTH 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9995 Gate Parkway N Suite 400B Jacksonville, FL 32246</b>

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:** Jesse Jabot Jesse Jabot 7-22-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# ATTACHMENT

Please Add:

MG, R

Kavalieros, Lisa

9995 Gate Parkway N

Suite 400

Jacksonville, FL 32246

60045719  
#L02000025195