

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025195

FILED
Apr 29, 2009
Secretary of State

Entity Name: HARRY'S OF OCALA, LLC

Current Principal Place of Business:

24 SE 1ST AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY N SUITE 400B
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 22-3875356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAIG, LOUIS
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: SAIG, GREG
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: SCHEEL, WILLIAM
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: P () Delete
Name: JABOT, JEFF
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: CHATTIN, WILLIAM
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: JABOT, JESSE
Address: 9995 GATE PARKWAY N SUITE 400B
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFF JABOT

P

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date