

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L02000027651

1. Entity Name
THE HARRIS FAMILY LLC



Principal Place of Business
550 S.E. MIZNER BLVD.
#B505
BOCA RATON, FL 33432

Mailing Address
550 S.E. MIZNER BLVD.
#B505
BOCA RATON, FL 33432



02132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3658273

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MARK
550 S.E. MIZNER BLVD
#B505
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, MARK R
550 S.E. MIZNER BLVD. #B505
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TERRENCE, HARRIS
4141 NW 53 ST
BOCA RATON, FL 334962775

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARRIS, BRIAN M
242 MEETING LANE
ATLANTA, GA 30342

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000002960131
04/02/08-80048-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mark R. Harris MGRM MARK R. HARRIS

561-
417-8230