

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000011862

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** A. HAROLD AND ASSOCIATES LLC

**Current Principal Place of Business:**

1225 BEAVER STREET  
SUITE 125  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

11200 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1225 BEAVER STREET  
SUITE 125  
JACKSONVILLE, FL 32204

**New Mailing Address:**

11200 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE 1  
JACKSONVILLE, FL 32246

**FEI Number:** 16-1659371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAROLD, ANDREW E JR.  
2375 WINDCHIME DRIVE  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

HARPER, ANGELA E  
14617 SWANSEA CT  
JACKSONVILLE, FL 32246 US

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: ANGELA HARPER

03/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: HAROLD, ANDREW E PRESIDE  
Address: 2375 WINDCHIME DR  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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: ANDREW E. HAROLD JR.

PRES

03/15/2010

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