

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90120 007 \*\*\*\*50.00

DOCUMENT #

163 0000 35211

1. Entity Name

HAR-MONEY CONSULTING, LLC



**DO NOT WRITE IN THIS SPACE**

14017811

2. Principal Place of Business

Albuquerque, NM

3. Mailing Address

8201 Golf Course Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D-3 #330

City & State

City & State

Albuquerque, NM

Zip

Country

Zip

Country

87120

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

11 Milton H. Baxley

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

1929 NW 12th Terrace

City

Gainesville

FL

Zip Code

32609

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits the 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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EAP CORPORATION / MEMBER-MANAGER  
500 North Rainbow Blvd, Suite 300  
Las Vegas, NV 89107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Mark S. Johnson, PRESIDENT - EAP CORP. 5/4/05 762-221-1946

CR2E083B (12/02)