

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053787

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** HAROLD LONGWORTH, L.L.C.

**Current Principal Place of Business:**

818 OAKVIEW DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

818 OAKVIEW DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LONGWORTH, HAROLD  
818 OAKVIEW DRIVE  
NEW SMYRNA BEACH, FL 32169 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: MGRM ( ) Delete  
Name: LONGWORTH, HAROLD  
Address: 818 OAKVIEW DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES:**

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: HAROLD LONGWORTH

MGRM

04/13/2009

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