

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010765

Entity Name: LAURA L. HAROLD LLC

FILED  
Jul 06, 2005  
Secretary of State

**Current Principal Place of Business:**

913 YISTABULA ST.  
LAKELAND, FL 33801

**New Principal Place of Business:**

913 VISTABULA ST.  
LAKELAND, FL 33801

**Current Mailing Address:**

913 YISTABULA ST.  
LAKELAND, FL 33801

**New Mailing Address:**

913 VISTABULA ST.  
LAKELAND, FL 33801

FEI Number: 59-3084581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HAROLD, LAURA L  
913 YISTABULA ST.  
LAKELAND, FL 33801      US

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

HAROLD, LAURA L  
913 VISTABULA ST.  
LAKELAND, FL 33801      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:

07/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HAROLD, LAURA L  
Address: 913 YISTABULA ST.  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HAROLD, LAURA L  
Address: 913 VISTABULA ST.  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA L. HAROLD

MGR

07/06/2005

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