

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012004 1. Entity Name HARLEY RAULERSON & SON, LLC					
Principal Place of Business 1554 NE 79TH AVENUE OKEECHOBEE FL 34972		Mailing Address 1554 NE 79TH AVENUE OKEECHOBEE FL 34972			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 83-0384651		
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RAULERSON, HARLEY 1554 NE 79TH AVENUE OKEECHOBEE FL 34972			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAULERSON, HARLEY 1554 NE 79TH AVENUE OKEECHOBEE FL 34972				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Harley Raulerson 2-4-06 863-281-1332