

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000020612

1. Entity Name

HARBOUR PROFESSIONAL HOLDING LLC



Principal Place of Business

2295 N.W. CORPORATE BLVD
SUITE 135
BOCA RATON FL 33431

Mailing Address

2295 N.W. CORPORATE BLVD
SUITE 135
BOCA RATON FL 33431

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

42-1625589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANET, LLOYD ESQ
LLOYD GRANET, P.A.
2295 N.W. CORPORATE BLVD, STE 235
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LUPO, JACK
STREET ADDRESS 2295 NW CORP. BLVD. #135
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE MGR ☐ Delete
NAME JOHNS, JAMES
STREET ADDRESS 1151 NW 19 STREET
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE MGR ☐ Delete
NAME LUPO, LINDA
STREET ADDRESS 2295 NW CORP. BLVD. # 135
CITY-STATE-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U000000678849
04/03/07-80014-019 50.00

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/22/07

561 994 2789