## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000026611**

1. Entity Name N&S HARROW, LLC



Principal Place of Business

704 CLUB RIDGE COURT LONGWOOD, FL 32779 Mailing Address

704 CLUB RIDGE COURT LONGWOOD, FL 32779

## FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90029 013 \*\*\*\*50.00

40033364



 $\Box$ 

04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1224145

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801

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8.	The above named entity	submits this stateme	int for the purpose of changing	its registered office or regis	stered agent, or both, in the	ne State of Florida.	I am familiar with, and accept
	the obligations of registe	red agent.					
	11.7						
SIG	SNATURE ***	· .					

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	HARROW, NEIL				
STREET ADDRESS	704 CLUB RIDGE COURT				
CITY-ST-ZIP	LONGWOOD, FL 32779				
TITLE	MGR				
NAME	HARROW, SHARON E				
STREET ADDRESS	704 CLUB RIDGE COURT				
CITY-ST-ZIP	LONGWOOD, FL 32779				
TITLE					
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11. I hereby certify that the information supplied with this filling does not qualify for the conditional does not provide the second to the s					

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Shron Sarrow

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

4//8/00 Date

Daytime Phone #