

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041687

Entity Name: WILLIAM S. HARLOW, LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

5505 S.W. 62ND AVENUE  
MIAMI BEACH, FL 33155

## New Principal Place of Business:

5505 S.W. 62ND AVENUE  
MIAMI, FL 33155

## Current Mailing Address:

5505 S.W. 62ND AVENUE  
MIAMI BEACH, FL 33155

## New Mailing Address:

5505 S.W. 62ND AVENUE  
MIAMI, FL 33155

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARLOW, WILLIAM  
5505 S.W. 62ND AVENUE  
MIAMI BEACH, FL 33155 US

## Name and Address of New Registered Agent:

HARLOW, WILLIAM  
5505 S.W. 62ND AVENUE  
MIAMI, FL 33155 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: WILLIAM HARLOW

01/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARLOW, WILLIAM  
Address: 5505 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: HARLOW, RHONDA  
Address: 5505 S.W. 62ND AVENUE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM HARLOW

MGRM

01/04/2007

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