

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092948

Entity Name: H.BARD, LLC

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

315 HARDIN AVE.  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1553  
ANNA MARIA, FL 34216

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD., STE. A  
DELTONA, FL 32725 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARD, HOWARD  
Address: 315 HARDIN AVE.  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM  
Name: BARD, MARSHA  
Address: 315 HARDIN AVE.  
City-St-Zip: ANNA MARIA, FL 34216

I hereby 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: HOWARD BARD

MGR

03/10/2012

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