

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L05000009565

1. Entity Name
HARRISON LAND COMPANY LLC



Principal Place of Business
261 KEN HARRISON RD.
PONCE DE LEON, FL 32455 US

Mailing Address
261 KEN HARRISON RD.
PONCE DE LEON, FL 32455 US



04162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0513973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, DAVID K
261 KEN HARRISON RD
PONCE DE LEON, FL 32455

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

1100000412531

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

05/05/08-80004-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRISON, DAVID K
261 KEN HARRISON RD
PONCE DE LEON, FL 32455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HARRISON, EMILY C
261 KEN HARRISON RD.
PONCE DE LEON, FL 32455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRISON, MELISSA B
261 KEN HARRISON RD
PONCE DE LEON, FL 32455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #