

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-13-2006 90356 002 *****5.00
04-13-2006 90040 014 *****50.00

DOCUMENT # L05000047251	
1. Entity Name HARKER & ASSOCIATES OF FLORIDA, LLC	

Principal Place of Business 22717 E. COUNTY ROAD 1474 HAWTHORNE FL 32640	Mailing Address 22717 E. COUNTY ROAD 1474 HAWTHORNE FL 32640
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

8. Name and Address of Current Registered Agent HARKER, RICHARD H 22717 E. COUNTY ROAD 1474 HAWTHORNE FL 32640	
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4. FEI Number 80-3016132	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name N/A	
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 *Richard H. Harker* **RICHARD H. HARKER (MGR)** 2/22/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when Consulting) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARKER, RICHARD H 22717 E. COUNTY ROAD 1474 HAWTHORNE FL 32640 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: *Richard H. Harker* **RICHARD H. HARKER mgr** 2/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #