

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

02-23-2006 90230 037 ****50.00

DOCUMENT # L05000080862 1. Entity Name 3826 HAROLD, LLC					
Principal Place of Business 2240 W. FIRST ST. #100 FORT MYERS, FL 33901 US			Mailing Address 2240 W. FIRST ST. #100 FORT MYERS, FL 33901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADKINS, STEVEN D 2240 W. FIRST ST. #100 FORT MYERS, FL 33901				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, STEVEN D			NAME	
STREET ADDRESS	2240 W. FIRST ST. #100			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33901			CITY - ST - ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, JOHN M			NAME	
STREET ADDRESS	2240 W. FIRST ST. #100			STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS, FL 33901			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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 606, Florida Statutes.					
SIGNATURE: <i>John M. Resnick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			John M. Resnick <small>Date</small>		
			2/20/2006 239-337-7585 <small>Daytime Phone #</small>		