

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L05000110704

1. Entity Name
HARNEY PROPERTIES, LLC



Principal Place of Business Mailing Address
**110 CHERRYHILL CIRCLE
LONGWOOD, FL 32779 US**
**110 CHERRYHILL CIRCLE
LONGWOOD, FL 32779 US**



04212007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-3793051** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARNEY, DENNIS M
110 CHERRYHILL CIRCLE
LONGWOOD, FL 32779**

**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 registration)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000761305

05/25/07-80050-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HARNEY, DENNIS M 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DENNIS, HARNEY P 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR HARNEY, KENNY 110 CHERRYHILL CIRCLE LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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:

Dennis Harney **DENNIS HARNEY** 5-1-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Official Phone #