

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000009922

1. Entity Name
D HARRELL LLC



Principal Place of Business
**447 MOBY DICK DR N
JACKSONVILLE, FL 32218**

Mailing Address
**447 MOBY DICK DR N
JACKSONVILLE, FL 32218**



04112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM INC
813 DELTONA BLVD
SUITE A
DELTONA, FL 32725**

**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 reinstating)

DATE _____

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

U00000903754

04/30/08-80057-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELL, DARREN J 447 MOBY DICK DR N JACKSONVILLE, FL 32218
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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 *Darren Harrell*

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

4-13-8

Date

334-8396

Daytime Phone #