

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014397

**Entity Name:** HARP MANAGEMENT, LLC

**FILED**  
**May 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5551 LUCKETT RD.  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

5551 LUCKETT RD.  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NOTTURNO, KENNETH C  
5551 LUCKETT ROAD  
FORT MYERS, FL 33905    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARPAZ, AVI PRES.  
**Address:** 5551 LUCKETT ROAD  
**City-St-Zip:** FT. MYERS, FL 33905 US

**Title:** MGR  
**Name:** HARPAZ, AMIR VP  
**Address:** 5551 LUCKETT ROAD  
**City-St-Zip:** FORT MYERS, FL 33905 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: AVI HARPAZ

P

05/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date