

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017742

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: HARRIS HOME IMPROVEMENTS LLC

## Current Principal Place of Business:

8443 RAMPART ROAD  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

8787 SOUTHSIDE BLVD  
5803  
JACKSONVILLE, FL 32256

## Current Mailing Address:

12700 BARTRAM PARK BLVD  
413  
JACKSONVILLE, FL 32258

## New Mailing Address:

12777 DOGWOOD HILL DRIVE  
JACKSONVILLE, FL 32223

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:

HARRIS, MARTHA J  
12700 BARTRAM PARK BLVD  
413  
JACKSONVILLE, FL 32258 US

## Name and Address of New Registered Agent:

HARRIS, MARTHA J  
12777 DOGWOOD HILL DRIVE  
JACKSONVILLE, FL 32223 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:

06/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HARRIS, PETER S  
Address: 8443 RAMPART ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HARRIS, PETER S  
Address: 8787 SOUTHSIDE BLVD, #5803  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER S HARRIS

MGR

06/22/2009

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