

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90032 019 \*\*\*\*55.00

DOCUMENT # L06000079647

1. Entity Name  
HARP ELECTRICAL CONTRACTORS LLC



Principal Place of Business  
6510 COLUMBIA PARK DR.  
105  
JACKSONVILLE, FL 32258 US

Mailing Address  
6510 COLUMBIA PARK DR.  
105  
JACKSONVILLE, FL 32258 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.  
Suite 105

Suite, Apt. #, etc.  
Suite 105

01042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
51-0596022

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARP, DAVID F  
4105 WHITEBARK PLANTATION DR.  
MIDDLEBURG, FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HARP, DAVID F  
STREET ADDRESS 4105 WHITEBARK PLANTATION DR.  
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE MGRM ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 608, Florida Statutes.

SIGNATURE:

*David F. Harp*

1-4-07

904-371-5196

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

Date

Daytime Phone #

DAVID F. HARP, MANAGING MEMBER