

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90026 020 \*\*\*150.00

DOCUMENT # L06000079647

1. Entity Name  
HARP ELECTRICAL CONTRACTORS LLC



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

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

60038516



2. Principal Place of Business - No P.O. Box #  
4105 Whitebark Plantation Dr.

3. Mailing Address  
4105 Whitebark Plantation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-LLC CR2E083 (12/06)

City & State  
Middleburg FL

City & State  
Middleburg FL

4. FEI Number  
51-0596022

Applied For  
Not Applicable

Zip  
32068

Country  
USA

Zip  
32068

Country  
USA

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

President

4-30-08

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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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*

Managing Member 4-30-08 904-758-6135

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

Date

Daytime Phone #