

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90341 011 ****50.00

DOCUMENT # L06000104869

1. Entity Name

HARMONY REALTY LLC



Principal Place of Business

Mailing Address

3222 EAST ANGLER STREAM
AVON PARK FL 33825
US

3222 EAST ANGLER STREAM
AVON PARK FL 33825
US

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

3222 E. Angler Stream

3. Mailing Address

3222 E. Angler Stream

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park

City & State

Avon Park FL

Zip

33825 Highlands

Zip

33825 Highlands

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMONS, HARVEY
3222 EAST ANGLER STREAM
AVON PARK FL 33825

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLEMONS, HARVEY
3222 EAST ANGLER STREAM
AVON PARK FL 33825

☐ Delete

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #