

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90042 014 ****55.00

DOCUMENT # L06000116387

1. Entity Name
HARRIS MT VIEW AGENCY, LLC



Principal Place of Business
**1685 PASSION VINE CIRCLE
WESTON, FL 33326**

Mailing Address
**P.O. BOX 1025
PINE LAKE, GA 30072**

2. Principal Place of Business - No P.O. Box #
5338 NE 6TH AVE 7-D

3. Mailing Address
P.O. BOX 1025

Suite, Apt. #, etc.
FT LAUDERDALE, FL

Suite, Apt. #, etc.
PINE LAKE GA

City & State

City & State
GEORGIA

Zip
33334

Country
BROWARD

Zip
30072

Country
DELAWARE

07092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
81-0663052

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, WILLIETTE
1685 PASSION VINE CIRCLE
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **WILLIETTE HARRIS**

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

5338 NE 6TH AVE 7-D

City **FORT LAUDERDALE**

FL

Zip Code **33334**

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 **WILLIETTE HARRIS** *Williette Harris*

7/9/2007

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 September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIS, WILLIETTE CPCU
1685 PASSION VINE CIRCLE
WESTON, FL 33326**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRINCIPAL, MGR
HARRIS, WILLIETTE
5338 NE 6TH AVE 7-D
FT LAUDERDALE, FL 33334**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 *Williette Harris*

7-7-2007

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

Date

Daytime Phone #