

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90164 004 \*\*\*138.75

**DOCUMENT # L07000003157**

1. Entity Name  
THE LAW FIRM OF PATRICK W. HARLAND, JR., LLC



Principal Place of Business  
944 4TH STREET NORTH  
SUITE 700  
ST. PETERSBURG, FL 33701 US

Mailing Address  
944 4TH STREET NORTH  
SUITE 700  
ST. PETERSBURG, FL 33701 US

00003397

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

3. Mailing Address

Suite, Apt. #, etc.  
*Suite 600*

Suite, Apt. #, etc.  
*Suite 600*

03122008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
*20 8135373*

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

HARLAND, PATRICK W JR.  
944 4TH STREET NORTH  
SUITE 700  
ST. PETERSBURG, FL 33701

Name

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

*Suite 600*

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

*4/14/08*

**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  
HARLAND, PATRICK W JR.  
944 4TH STREET NORTH, SUITE 700  
ST. PETERSBURG, FL 33701

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ 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:

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

*4/14/08*

Date

*727-898-2000*

Daytime Phone #