


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90204 013 \*\*\*138.75

<b>DOCUMENT #</b> L07000019076	
<b>1. Entity Name</b> HARRIS MARINE SERVICES, LLC	

<b>Principal Place of Business</b> 3802 CR 513 WILDWOOD FL 34785	<b>Mailing Address</b> 3802 CR 513 WILDWOOD FL 34785
--	--

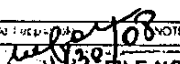
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEE Number</b> 20-856-1729	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> HARRIS, JACK 3802 CR 513 WILDWOOD FL 34785	
--	--


<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b> 	<b>DATE</b> 4/15/08
<b>NOTE: Registered agent signature is required when filing this report.</b>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HARRIS, JACK		<b>NAME</b>	
<b>STREET ADDRESS</b> 3802 CR 513		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b> WILDWOOD FL 34785		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	

**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.**

<b>SIGNATURE:</b> 	<b>352-603-1046</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	<b>Date</b>



ATTACHMENT

3000 3468

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2008

HARRIS MARINE SERVICES, LLC  
3802 CR 513  
WILDWOOD, FL 34785

Subject: HARRIS MARINE SERVICES, LLC

Reference Number: L07000019076

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/tc  
ANNUAL REPORTS SECTION

*Sorry about omitting  
the number - did you  
keep the check for \$138.75?  
It was not in this letter!*

*Rebecca Harris  
4/2/08*

P.O. BOX 6478 - Tallahassee, Florida 32314