

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90052 027 ***150.00

DOCUMENT # L07000074220

1. Entity Name
HARRIET WHITE FAMILY, LLC



Principal Place of Business
**654 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

Mailing Address
**654 GOLDEN BEACH DRIVE
GOLDEN BEACH, FL 33160**

60008398



01252008 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0696045

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

**SCHWARTZ, JOSEPH L ESQ.
C/O MILLER, SCHWARTZ AND MILLER, P.A.
2435 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020**

Name **Joseph Schwartz, Esquire**

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

**Boies, Schiller and Flexner LLP
2435 Hollywood Blvd.**

City

Hollywood

FL

Zip Code
33020

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

**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 **MGR** ☐ Delete
NAME **WHITE, HEATHER**
STREET ADDRESS **3085 NORTH 36TH AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

TITLE **MGR** ☐ Delete
NAME **SINGER, HILLARY W**
STREET ADDRESS **30295 RCR, 14-B**
CITY-ST-ZIP **STEAMBOAT SPRINGS, CO 80487**

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

TITLE **MGR** ☐ Delete
NAME **WHITE, CHARLES**
STREET ADDRESS **654 GOLDEN BEACH DRIVE**
CITY-ST-ZIP **GOLDEN BEACH, FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Harriet White **Harriet White**

2-6-08

954-924-0300

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

Date

Daytime Phone #