

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000082724

1. Entity Name
HARVEY RESORTS, LLC



Principal Place of Business
166 S.W. CASSINE COURT
PALM CITY, FL 34990

Mailing Address
166 S.W. CASSINE COURT
PALM CITY, FL 34990

FILED
08 MAR 20 PM 3:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA



02152008 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

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

HANLON, M. TIMOTHY
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$938.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MANAGING MEMBER
WILLIAM H. HARVEY
166 SW CASSINE ST
PALM CITY, FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000830631
02/26/08-80092-005 138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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.

[Handwritten Signature]