

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-21-2008 90067 050 ***138.75

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DOCUMENT # L07000122229 1. Entity Name HARPER/MCNEW HOLDINGS, LLC					
Principal Place of Business 5571 HALIFAX AVENUE FORT MYERS, FL 33912			Mailing Address 5571 HALIFAX AVENUE FORT MYERS, FL 33912		
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	02072008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-2143916				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		
NOLAND, JOHN A 1715 MONROE STREET FT. MYERS, FL 33902			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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, DAN 5571 HALIFAX AVENUE FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNEW, QUINTON 5571 HALIFAX AVENUE FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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			Date 2/15/08 Daytime Phone 239-454-4999		