

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125690

Entity Name: HARVEST FILMS, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2506 TUSCAN OAKS LANE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

14 PELICAN LANE  
FLAGLER BEACH, FL 32136 US

**Current Mailing Address:**

2506 TUSCAN OAKS LANE  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

14 PELICAN LANE  
FLAGLER BEACH, FL 32136 US

FEI Number: 26-2902088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLER, KRISTA LEE  
2506 TUSCAN OAKS LANE  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLER, KRISTA LEE  
Address: 2506 TUSCAN OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGR  
Name: BOECKLE, SHARON M  
Address: 14 PELICAN LANE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON BOECKLE

MGR

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date