

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099539

FILED
Apr 30, 2009
Secretary of State

Entity Name: HARBOR BRIDGE M.M.O., LLC

Current Principal Place of Business:

1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JAMES T JR.
1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 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 () Delete
Name: SANDERS, JAMES T JR.
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SANDERS, CATHERINE P
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Change (X) Addition
Name: GREENBERG, BENJAMIN
Address: 21583 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM () Change (X) Addition
Name: GREENBERG, HARRIET
Address: 21583 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM () Change (X) Addition
Name: SANDLES, LARRY J
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGRM () Change (X) Addition
Name: SANDLES, JOAN E
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES T. SANDERS JR

MGRM

04/30/2009

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