

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000113210

**Entity Name:** HARPER POSTREMO, LLC

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

903 WOLFE ST.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**  
  
903 WOLFE ST.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 45-2656018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RICE, GAYLE  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207 US

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

RICE, GAYLE  
5022 GATE PARKWAY BLDG 400  
JACKSONVILLE, FL 32256 US

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: GAYLE RICE

04/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RICE, BRIAN G  
Address: 903 WOLFE ST.  
City-St-Zip: JACKSONVILLE, FL 32205

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: BRIAN RICE

MGR

04/06/2012

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