

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 024 ***138.75

DOCUMENT # L98000001263

1. Entity Name
HTR, L.L.C.



Principal Place of Business
811 DEL PRADO BLVD
CAPE CORAL, FL 33990

Mailing Address
4371 VERONICA SOUTH SHOEMAKER BLVD
FORT MYERS, FL 33916



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0854835

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEUFEL, THOMAS E MD
4371 VERONICA SOUTH SHOEMAKER BLVD
FORT MYERS, FL 33916

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HARWIN, WILLIAM N
STREET ADDRESS 4371 VERONICA S SHOEMAKER BLVD
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE MGRM
NAME TEUFEL, THOMAS E
STREET ADDRESS 4371 VERONICA S SHOEMAKER BLVD
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE MGRM
NAME REEVES, JAMES A
STREET ADDRESS 4371 VERONICA S SHOEMAKER BLVD
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

WILLIAM HARWIN

3-24-08

Date

Daytime Phone #

239-274-8200
x259