

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 029 ****50.00

DOCUMENT # L99000004227

1. Entity Name
HARMONY FARMS OF JACKSONVILLE, L.L.C.



Principal Place of Business Mailing Address
~~27 SOUTH 32ND AVENUE~~ P.O. BOX 50519
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32240-0519

7935 Parrymore Rd
Jacksonville, FL 32244

20009222



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3586880 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS DUMAS, INC. 7033 Collins Road
~~27 SOUTH 32ND AVENUE~~ Jacksonville, FL
JACKSONVILLE BEACH, FL 32250 32240

**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 Thomas R. Dumas, Pres Thomas R. Dumas 2.6.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THOMAS DUMAS INC.
STREET ADDRESS	27 SOUTH 32ND AVENUE P.O. BOX 50519
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250 - 0519
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Thomas R. Dumas 2.6.06 904.241.7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #