


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001667**  
 1. Entity Name  
**HARCO SERVICES, L.L.C.**



Principal Place of Business      Mailing Address  
**4492 ACWORTH INDUSTRIAL DR., STE 103**      **PO BOX 173**  
**ACWORTH, GA 30101**      **ACWORTH, GA 30101**

**DO NOT WRITE IN THIS SPACE**



01122005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>58-2262609</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ARNAUD, CARLOS R 3261 OLD HWY 41 KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HOLLIS, JERRY M 6317 CHEATHAM LAKE DR. ACWORTH, GA 30101
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 03/14/05-80029-001 \$0.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Jerry Hollis, member      1-12-05      770 917 8846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #