

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002586

1. Entity Name
JK HARRIS 165 SERVICES, LLC



Principal Place of Business
**4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406**

Mailing Address
**4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406**



07202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1440041

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUZA-SHIVER, MOIRA
2002 N LOIS AVE STE 660
TAMPA, FL 33607**

**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

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIS, JOHN K
4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HARRIS, CHARLES R JR.
4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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08/22/05-80007-019 50.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/14/05 843-576-2255

Daytime Phone #