

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 20 AM 11:32

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000000389

HARRIS & FORD, LLC
1670 WALES AVENUE
INDIANAPOLIS IN 46218

99-AP
CM

1a. Principal Place of Business Address

1670 WALES AVENUE
INDIANAPOLIS IN 46218

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04/22/1998

IN

City & State

City & State

4. FEI Number

☐ Applied For

35-1909612

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

WALTERS, ED
900 SNOW QUEEN DRIVE
CHULUOTA FL 32766

Name

188.75

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature is required when not changing)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM HARRIS, TIMOTHY M

1670 WALES AVENUE

INDIANAPOLIS IN

MGR WALTERS, ED

900 SNOW QUEEN DRIVE

CHULUOTA FL

5110002857525
-04/30/99--01002--010
****188.75 ****188.75

dcc

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE FOR PRINTED NAME OF REGISTERED AGENT OR MANAGER

DATE

Signature