

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032528

Entity Name: HARBOUR VIEW GALLERY, LLC**Current Principal Place of Business:**5789 CAPE HARBOUR DRIVE
#104
CAPE CORAL, FL 33914**Current Mailing Address:**5789 CAPE HARBOUR DRIVE
#104
CAPE CORAL, FL 33914**FEI Number:** 11-3808725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALES, SHIRLEY
5505 HARBOUR PRESERVE CIRCLE
CAPE CORAL, FL 33914 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	HALES, SHIRLEY
Address	5505 HARBOUR PRESERVE CIRCLE
City-State-Zip:	CAPE CORAL FL 33914

Title	MGRM
Name	SLEEPING FOX INC.
Address	232 SE 46TH TER.
City-State-Zip:	CAPE CORAL FL 33904

Title	MGRM
Name	SCHWERKOSKE, JEANNE
Address	5805 HARBOUR CIRCLE
City-State-Zip:	CAPE CORAL FL 33914

Title	MGRM
Name	TIMMONS, MICKIE
Address	5904 TARPON GARDENS CIR. #102
City-State-Zip:	CAPE CORAL FL 33914

Title	MGRM
Name	CREATIVE-ARTWORK, INC.
Address	5029 SW 11TH PLACE
City-State-Zip:	CAPE CORAL FL 33914

Title	MGRM
Name	BASTEAN, CYNTHIA E
Address	2119 NE 7TH AVE.
City-State-Zip:	CAPE CORAL FL 33909

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN BIANCHI

MGRM

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date