

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000189374

**Entity Name:** 255 HARLING & LEMON, LLC

**Current Principal Place of Business:**

3970 TAMPA ROAD  
SUITE E  
OLDSMAR, FL 34677

**Current Mailing Address:**

C/O P.O. BOX 2505  
OLDSMAR, FL 34677-2505 US

**FEI Number:** 61-1751634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BREWAR, CHRISTOPHER W  
400 NORTH ASHLEY DR STE 1100  
TAMPA, FL 33602 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	MGR	Title	MGR
Name	HARLING, BJORN	Name	LEMON, MARIA
Address	C/O P.O. BOX 2505	Address	C/O P.O. BOX 2505
City-State-Zip:	OLDSMAR FL 34677-2505	City-State-Zip:	OLDSMAR FL 34677-2505

*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:** BJORN HARLING

**MANAGER**

**05/01/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date