

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000023643

**FILED  
Jul 02, 2014  
Secretary of State  
CC8781271255**

**Entity Name:** HARMONY TOWN SQUARE MARKET, LLC

**Current Principal Place of Business:**

3500 HARMONY SQUARE DRIVE WEST  
HARMONY, FL 34773-6047

**Current Mailing Address:**

3500 HARMONY SQUARE DRIVE WEST  
HARMONY, FL 34773-6047 US

**FEI Number: 45-4697475**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND DRIVE  
PLANTATION, FL 33324 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 AUTHORIZED REPRESENTATIVE  
Name GLANTZ, ROBERT  
Address 3500 HARMONY SQUARE DRIVE WEST  
City-State-Zip: HARMONY FL 34773-6047

Title MGR  
Name GEIMER, ROBERT  
Address 400 GALLERIA PARKWAY, SUITE 1450  
City-State-Zip: ATLANTA GA 30339

Title AUTHORIZED REPRESENTATIVE  
Name COLDITZ, LAWRENCE  
Address 3500 HARMONY SQUARE DRIVE WEST  
City-State-Zip: HARMONY FL 34773-6047

Title AUTHORIZED REPRESENTATIVE  
Name MOSER, MICHAEL  
Address 3500 HARMONY SQUARE DRIVE WEST  
City-State-Zip: HARMONY FL 34773-6047

*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: ROBERT GLANTZ**

**AUTHORIZED  
REPRESENTATIVE**

**07/02/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date