

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000138949

**Entity Name:** HEALTHY HARVEST SEED COMPANY, LLC.

**Current Principal Place of Business:**

519 S. ADAMS ST.  
BEVERLY HILLS, FL 34465

**Current Mailing Address:**

519 S. ADAMS ST.  
BEVERLY HILLS, FL 34465 UN

**FEI Number: 46-1309487**

**Certificate of Status Desired: No**

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

FALCONE, MOLLY C  
519 S ADAMS ST  
BEVERLY HILLS, FL 34465 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 FALCONE, MOLLY C  
Address 519 S. ADAMS ST.  
City-State-Zip: BEVERLY HILLS FL 34465

*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: MOLLY C. FALCONE**

**OWNER**

**04/18/2014**

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

\_\_\_\_\_  
Date