

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000052929

Entity Name: HARBOR RETIREMENT DEVELOPMENT, LLC**Current Principal Place of Business:**958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960**Current Mailing Address:**958 20TH PLACE
2ND FLOOR
VERO BEACH, FL 32960 US**FEI Number:** 36-4762112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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** CHAIRMAN/MANAGING PARTNER
(DIRECTOR)**Name** SMICK, TIMOTHY S**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** PRESIDENT/CEO**Name** HANSON , SARABETH**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** SECRETARY/VICE PRESIDENT/CDO**Name** JENNINGS , CHARLES**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** ASSISTANT
SECRETARY/TREASURER/CFO**Name** COLLINS, CHRIS**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** EVP/GENERAL COUNSEL/ASSIST.
SECRETARY**Name** SCIMECA, MARK**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960**Title** COO**Name** LEWIS, KIM**Address** 958 20TH PLACE
2ND FLOOR**City-State-Zip:** VERO BEACH FL 32960

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: CHARLES JENNINGS**SECRETARY/VICE
PRESIDENT/CDO****06/30/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date