

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000109252

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**3923509285CC**

**Entity Name:** HARROD MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

5550 WEST EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**Current Mailing Address:**

5550 WEST EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609

**FEI Number:** 35-2483830

**Certificate of Status Desired:** No

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

HARROD, CHAD W  
5550 WEST EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609 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:** CHAD W HARROD

03/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HARROD MANAGEMENT, LLC  
Address 5550 WEST EXECUTIVE DRIVE  
SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER  
Name HARROD, CHAD W  
Address 5550 WEST EXECUTIVE DRIVE  
SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER  
Name WEBSTER, ROBERT  
Address 5550 WEST EXECUTIVE DRIVE  
SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER  
Name BENNETT, PATTI  
Address 5550 WEST EXECUTIVE DRIVE  
SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AUTHORIZED MEMBER  
Name KELLEY, JAY  
Address 5550 WEST EXECUTIVE DRIVE  
SUITE 550  
City-State-Zip: TAMPA FL 33609

*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:** CHAD W HARROD

**AUTHORIZED MEMBER**

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date