# SIGNATURE: CHAD W HARROD Electronic Signature of Signing Authorized Person(s) Detail

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

TAMPA FL 33609

AUTHORIZED MEMBER

that my name appears above, or on an attachment with all other like empowered.

Title AUTHORIZED MEMBER Name WEBSTER, ROBERT Address 5550 WEST EXECUTIVE DRIVE SUITE 550

SUITE 550

TAMPA FL 33609

MGRM HARROD MANAGEMENT, LLC 5550 WEST EXECUTIVE DRIVE Address



Entity Name: HARROD MANAGEMENT SERVICES, LLC

## **Current Mailing Address:**

5550 WEST EXECUTIVE DRIVE SUITE 550 TAMPA, FL 33609

## FEI Number: 35-2483830

Name and Address of Current Registered Agent: HARROD, CHAD W 5550 WEST EXECUTIVE DRIVE SUIT

Title

Name

City-State-Zip:

City-State-Zip:

Title

r both, in the State of Florida. The a

Title

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

SUITE 550 TAMPA, FL 33609 U	SC
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or	
SIGNATURE: C	CHAD W HARROD
El	lectronic Signature of Registered Agent
Authorized Person(s) Detail :	

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

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000109252

Certificate of Status Desired: No

AUTHORIZED MEMBER

AUTHORIZED MEMBER

5550 WEST EXECUTIVE DRIVE

5550 WEST EXECUTIVE DRIVE

HARROD, CHAD W

TAMPA FL 33609

BENNETT, PATTI

TAMPA FL 33609

SUITE 550

SUITE 550

04/02/2019 AUTHORIZED MEMBER

04/02/2019 Date

# FILED Apr 02, 2019 Secretary of State 6556901562CC

Date