

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233246

**Entity Name:** BERRIES HARVEST LLC

**Current Principal Place of Business:**

3209 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

15800 PINES BLVD  
SUITE 331  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 35-2587409

**Certificate of Status Desired:** No

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

TAX CARE MIRAMAR  
15800 PINES BLVD  
SUITE 331  
PEMBROKE PINES, FL 33027 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 MEMBER  
Name ECHEVERRI, JUAN  
Address 15800 PINES BLVD  
SUITE 331  
City-State-Zip: PEMBROKE PINES FL 33027

Title AUTHORIZED MEMBER  
Name ECHEVERRI, ORLANDO  
Address 15800 PINES BLVD  
SUITE 331  
City-State-Zip: PEMBROKE PINES FL 33027

Title AUTHORIZED MEMBER  
Name ECHEVERRI, SANDRA  
Address 15800 PINES BLVD  
SUITE 331  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** JUAN ECHEVERRI

AMBR

05/01/2018

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

\_\_\_\_\_  
Date