

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000197016

**Entity Name:** HARBOR SCHAUMBURG INVESTMENT, 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:** 36-4879554

**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 / CHIEF EXECUTIVE  
OFFICER

Name HANSON, SARABETH

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

Title SECRETARY/VICE PRESIDENT/CHIEF  
DEVELOPMENT OFFICER

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 SOLE MEMBER AND MANAGER

Name HARBOR RETIREMENT  
MANAGEMENT, LLC

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:** TIMOTHY S. SMICK

CHAIRMAN/MANAGING  
PARTNER (DIRECTOR)

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date