

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000166395

**Entity Name:** BOLD MOUNTAIN HARVEST LLC

**Current Principal Place of Business:**

10070 COBB RD.  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

PO BOX 10361  
BROOKSVILLE, FL 34603 US

**FEI Number: 86-3444964**

**Certificate of Status Desired: Yes**

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

LEMASTER, REBECCA A  
10070 COBB RD  
BROOKSVILLE, FL 34601 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            PRESIDENT  
Name            LEMASTER, REBECCA A  
Address        PO BOX 10361  
City-State-Zip: BROOKSVILLE FL 34603

*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: LEMASTER, REBECCA A**

**OWNER/FOUNDER**

**02/18/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date