

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000010291

Entity Name: CITATION-BELLEAIR TOWERS LLC**Current Principal Place of Business:**631 WEST MORSE BLVD.
WINTER PARK, FL 32789**Current Mailing Address:**631 WEST MORSE BLVD.
WINTER PARK, FL 32789 US**FEI Number:** 93-1087037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CFO
Name NELSON, TYLER
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title CEO
Name DONOHUE, LILLY
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title CHIEF LEGAL OFFICER &
SECRETARY
Name BOUCHARD, CHRISTOPHER J.
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title MEMBER
Name CT CORPORATION STAFFING, INC.
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title MANAGER
Name TSERPELIS, DEMETRIOS
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

Title SOLE MEMBER
Name HARVEST MEZZANINE I LLC
Address 631 WEST MORSE BLVD.
City-State-Zip: WINTER PARK FL 32789

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: HARVEST MEZZANINE I LLC

SOLE MEMBER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date