

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021850

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: HARVEST CONSULTING COMPANY, LLC

**Current Principal Place of Business:**

6245 N. FEDERAL HIGHWAY, STE. 300  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

6245 N. FEDERAL HIGHWAY, STE. 300  
FT. LAUDERDALE, FL

**Current Mailing Address:**

6245 N. FEDERAL HIGHWAY, STE. 300  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

6245 N. FEDERAL HIGHWAY, STE. 300  
FT. LAUDERDALE, FL

FEI Number: 20-0840891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARKINS, CHRISTOPHER T  
6245 N. FEDERAL HIGHWAY, STE. 300  
FT. LAUDERDALE, FL 33308 US

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

HARKINS, CHRISTOPHER T  
6245 N FEDERAL HIGHWAY  
SUITE 300  
FT LAUDERDALE, FL 33308 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:

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NAGER, BRUCE  
Address: 6245 N. FEDERAL HIGHWAY, STE. 300  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NAGER, BRUCE  
Address: 6245 N. FEDERAL HIGHWAY, STE. 300  
City-St-Zip: FT. LAUDERDALE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRUCE NAGER

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date