

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021850

**Entity Name:** HARVEST CONSULTING COMPANY, LLC

**Current Principal Place of Business:**

ATTN-CHRIS HARKINS  
7369 SHERIDAN STREET SUITE 202  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

ATTN-CHRIS HARKINS  
7369 SHERIDAN STREET SUITE 202  
HOLLYWOOD, FL 33024 US

**FEI Number:** 20-0840891

**Certificate of Status Desired:** No

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

HARKINS, CHRISTOPHER T  
ATTN-CHRIS HARKINS  
7369 SHERIDAN STREET SUITE 202  
HOLLYWOOD, FL 33024 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	MGR	Title	MGR
Name	NAGER, BRUCE	Name	HARKINS, CHRISTOPHER
Address	ATTN-CHRIS HARKINS 7369 SHERIDAN STREET SUITE 202	Address	ATTN-CHRIS HARKINS 7369 SHERIDAN STREET SUITE 202
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024

*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:** CHRISTOPHER HARKINS

**MANAGER**

**04/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date