

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021850

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

**Current Principal Place of Business:**

20423 SR 7  
SUITE F6-281  
BOCA RATON, FL 33498

**Current Mailing Address:**

20077 BACK NINE DRIVE  
BOCA RATON, FL 33498 US

**FEI Number:** 20-0840891

**Certificate of Status Desired:** No

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

HARKINS, CHRISTOPHER T  
20423 SR7  
SUITE F6-281  
BOCA RATON, FL 33498 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  
Name NAGER, BRUCE  
Address 20423 SR 7  
SUITE F6-281  
City-State-Zip: BOCA RATON FL 33498

Title MGR  
Name HARKINS, CHRISTOPHER  
Address 20423 SR 7  
SUITE F6-281  
City-State-Zip: BOCA RATON FL 33498

*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**

**04/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date