2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
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Entity Name: HARVEST MOON CENTER, LLC

Current Principal Place of Business:

1287 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33069

Current Mailing Address:

1287 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33069

FEI Number: 87-0742057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEIGHLEY, ADAM S
1255 WEST ATLANTIC BLVD.
SUITE 314
POMPANO BEACH, FL 33069 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	MGRM	Title	MGMR
Name	SHAOUY, ROBERT	Name	SHAOUY, ELIAS
Address	1287 WEST ATLANTIC BLVD.	Address	1287 WEST ATLANTIC BLVD.
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	POMPANO BEACH FL 33069

Title	MGR
Name	SHAOUY, GERALDINE
Address	1287 WEST ATLANTIC BLVD.
City-State-Zip:	POMPANO BEACH FL 33069

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: GERALDINE M. SHAOUY DIRECTOR 02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date