## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004148

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

FILED Mar 16, 2016

**Secretary of State** 

CC1475722855

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.

VΡ

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: GERALDINE SHAOUY

03/16/2016

Date