

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060303

**Entity Name:** HARVESTING YARD, LLC

**Current Principal Place of Business:**

500 AVENUE R S.W.  
WINTER HAVEN, FL 33880-3871

**Current Mailing Address:**

P.O. BOX 900  
WINTER HAVEN, FL 33882-0900 US

**FEI Number:** 20-3669289

**Certificate of Status Desired:** No

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

ROE, WILLIAM GII  
500 AVENUE R S.W.  
WINTER HAVEN, FL 33880-3871 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 ROE, WILLIAM GII  
Address 500 AVE. R S W  
City-State-Zip: WINTER HAVEN FL 33880

Title MGR  
Name ROE, CAROL R  
Address PO BOX 368  
City-State-Zip: EAGLE LAKE FL 33839

Title MGR  
Name ROE, WILLIAM GII  
Address 500 AVE R SW  
City-State-Zip: WINTER HAVEN FL 33880

*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:** CAROL ROE

**MANAGING PARTNER**

**01/16/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date