

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000056911

**Entity Name:** HARBOR RETIREMENT MANAGEMENT, LLC**Current Principal Place of Business:**1440 HIGHWAY A1A  
VERO BEACH, FL 32963**Current Mailing Address:**1440 HIGHWAY A1A  
VERO BEACH, FL 32963**FEI Number:** 36-4762102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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           | PRESIDENT           |
| Name            | SMICK, TIMOTHY S    |
| Address         | 1440 HIGHWAY A1A    |
| City-State-Zip: | VERO BEACH FL 32963 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | HANSON , SARABETH   |
| Address         | 1440 HIGHWAY A1A    |
| City-State-Zip: | VERO BEACH FL 32963 |

|                 |                          |
|-----------------|--------------------------|
| Title           | SECRETARY/VICE PRESIDENT |
| Name            | JENNINGS , CHARLES       |
| Address         | 1440 HIGHWAY A1A         |
| City-State-Zip: | VERO BEACH FL 32963      |

|                 |                     |
|-----------------|---------------------|
| Title           | TREASURER           |
| Name            | MITCHELL , THOMAS   |
| Address         | 1440 HIGHWAY A1A    |
| City-State-Zip: | VERO BEACH FL 32963 |

|                 |                     |
|-----------------|---------------------|
| Title           | ASSISTANT SECRETARY |
| Name            | COLLINS, CHRIS      |
| Address         | 1440 HIGHWAY A1A    |
| City-State-Zip: | VERO BEACH FL 32963 |

*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:** THOMAS MITCHELL

TREASURER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date