

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000021023

**Entity Name:** HARVEST SAVINGS CONSULTING LLC

**Current Principal Place of Business:**

338 CASTAWAY CAY  
#202  
BRADENTON, FL 34209

**Current Mailing Address:**

P.O. BOX 337  
CRYSTAL BAY, NV 89402 US

**FEI Number:** 46-4892163

**Certificate of Status Desired:** No

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

COHEN, ADAM D  
338 CASTAWAY CAY  
#202  
BRADENTON, FL 34209 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            COHEN, ADAM D  
Address        338 CASTAWAY CAY  
                  #202  
City-State-Zip: BRADENTON FL 34209

*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:** ADAM D COHEN

**MANAGING CONSULTANT** 03/09/2020

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

\_\_\_\_\_  
Date