

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000086512

**Entity Name:** HAROLD FLORIDA LLC

**Current Principal Place of Business:**

2790 LEEWARD LANE  
NAPLES, FL 34103

**Current Mailing Address:**

2790 LEEWARD LANE  
NAPLES, FL 34103 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

MARC F. OATES, P.A.  
5515 BRYSON DRIVE  
SUITE 502  
NAPLES, FL 34109 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	Title	MGR
Name	CABANEL, JEROME	Name	CABANEL, LAURENCE
Address	2790 LEEWARD LANE	Address	2790 LEEWARD LANE
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103

*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:** CABANEL JEROME

**MANAGER HAROLD  
FLORIDA LLC**

**01/13/2017**

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

\_\_\_\_\_  
Date