

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000196513

**Entity Name:** HARDING CONSTRUCTION MANAGEMENT, LLC

**Current Principal Place of Business:**

2207 54TH STREET S  
GULFPORT, FL 33707

**Current Mailing Address:**

PO BOX 24036  
KNOXVILLE , TN 37933 US

**FEI Number:** 47-2697853

**Certificate of Status Desired:** Yes

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

HASTINGS, DAVID C CPA  
2207 54TH STREET S  
GULFPORT, FL 33707 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 HARDING, WILLIAM  
Address PO BOX 24036  
City-State-Zip: KNOXVILLE TN 37933

*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:** WILLIAM HARDING

MANAGER

04/29/2015

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

\_\_\_\_\_ Date