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.

MANAGER

SIGNATURE: LASHONNE MCBAYNE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ITS HARVEST TIME L.L.C. **Current Principal Place of Business:**

710 NW 201 STREET MIAMI GARDENS, FL, FL 33169

DOCUMENT# L17000040392

Current Mailing Address:

710 NW 201 STREET MIAMI GARDENS, FL, FL 33169

FEI Number: 82-0591258

Name and Address of Current Registered Agent:

MCBAYNE, LASHONNE MGR 710 NW 201 STREET MIAMI GARDENS, FL 33169 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:

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Auth

Title	MGR	Title	AR
Name	MCBAYNE, LASHONNE MGR	Name	EDWARDS II, EUGENE AMBR
Address	710 NW 201 STREET	Address	710 NW 201 STREET
City-State-Zip:	MIAMI GARDENS FL 33169	City-State-Zip:	MIAMI GARDENS FL 33169

	Electronic Signature of Registered Agent			
horized Person(s) Detail :				
	MGR	Title	AR	
e	MCBAYNE, LASHONNE MGR	Name	EDWARDS II, EUGENE AMBR	
222	710 NW 201 STREET	Address	710 NW 201 STREET	

FILED Feb 28, 2019 Secretary of State 3286068488CC

Certificate of Status Desired: No

Date

02/28/2019 Date