

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 477072

Entity Name: THE HOFFMAN COMMERCIAL GROUP, INC.**Current Principal Place of Business:**5190 LAKE WORTH RD.
GREENACRES, FL 33463**Current Mailing Address:**PO BOX 39000
SUITE 800
FORT LAUDERDALE, FL 39000-9000 US**FEI Number:** 59-1610801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEARNS WEAVER MILLER, PA
MUSEUM TOWER
150 WEST FLAGLER STREET SUITE 2200
MIAMI, FL 33130 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:** ALISON MILLER

03/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CFO
Name	SHEPPARD, BRETT
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	CEO, PRESIDENT
Name	LEVAN, JARETT
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	EVP
Name	WISE, SETH
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	VP
Name	VITALE, RANDALL
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	VP
Name	POWER, GREG
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

Title	SECRETARY
Name	DRAPOS, LINDA M
Address	PO BOX 39000 SUITE 800
City-State-Zip:	FORT LAUDERDALE FL 39000-9000

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRETT SHEPPARD

CFO

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date