2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050862

Entity Name: LONGHORN PARTNERS LLC

Current Principal Place of Business:

120 FORBES BLVD SUITE 180

MANSFIELD, MA 02048-1150

Current Mailing Address:

120 FORBES BLVD **SUITE 180**

MANSFIELD, MA 02048-1150 US

FEI Number: 20-0655400 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J ESQ. 2200 MUSEUM TOWER 150 WEST FLAGLER ST 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: BRIAN J MCDONOUGH 01/13/2017

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGER Title AUTHORIZED MEMBER Name THE GATEHOUSE GROUP, INC. Name CANEPARI, DAVID J 120 FORBES BLVD 120 FORBES BLVD Address Address

SUITE 180 **SUITE 180**

City-State-Zip: MANSFIELD MA 02048-1150 City-State-Zip: MANSFIELD MA 02048-1150

Title **AUTHORIZED MEMBER** Title AUTHORIZED REPRESENTATIVE

Name PLONSKIER, MARC S Name HAMPTON, SARITA D Address 120 FORBES BLVD Address 120 FORBES BLVD

SUITE 180 **SUITE 180**

MANSFIELD MA 02048-1150 City-State-Zip: MANSFIELD MA 02048-1150

City-State-Zip:

AUTHORIZED REPRESENTATIVE Title AUTHORIZED REPRESENTATIVE Title

YORKSHAITIS, ROGER INAMDAR, NIKUL A Name Name 120 FORBES BLVD 445 NW 4TH STREET Address Address

SUITE 180 SUITE 108

City-State-Zip: MANSFIELD MA 02048-1150 City-State-Zip: MIAMI FL 33128-1701

Title **AUTHORIZED REPRESENTATIVE** Title AUTHORIZED REPRESENTATIVE

Name LEO. JENNIFER S Name LEONARDO, CHRISTOPHER

Address 120 FORBES BLVD Address 120 FORBES BLVD **SUITE 180**

SUITE 180

MANSFIELD MA 02048-1150 MANSFIELD MA 02048-1150 City-State-Zip: City-State-Zip:

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.

01/13/2017 SIGNATURE: MARC S PLONSKIER **MEMBER**

FILED Jan 13, 2017

Secretary of State

CC2284966098