#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080001

Entity Name: HOWELL BRANCH NP GP, L.L.C.

FILED Feb 03, 2016 Secretary of State CC7130663568

### **Current Principal Place of Business:**

C/O HOUSING & NEIGHBORHOOD DEVELOPMENT 1707 ORLANDO CENTRAL PARKWAY, STE.#350 ORLANDO, FL 32809

## **Current Mailing Address:**

C/O HOUSING & NEIGHBORHOOD DEVELOPMENT 1707 ORLANDO CENTRAL PARKWAY, STE.#350 ORLANDO, FL 32809

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

STEWART, J. DARIN C/O GRAYROBINSON 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801 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 AUTHORIZED MEMBER

Name HOUSING & NEIGHBORHOOD

DEVELOPMENT SRVCS.

Address OF CENTRAL FLORIDA, INC., 1707

**ORLANDO** 

City-State-Zip: CENTRAL PKWY. #350, ORLANDO FL

32809

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: JILL MCREYNOLDS, EXECUTIVE DIRECTOR OF HOUSING & NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.

**AUTHORIZED MEMBER** 

02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date