# 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: MARIE SASANINEJAD MANAGER 04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIAI	BILITY COMPANY ANNUAL REPORT
DOCUMENT# L09000106353	

Entity Name: HS CAPITAL MANAGEMENT LLC

# Current Principal Place of Business:

489 WILMINGTON CIRCLE OVIEDO, FL 32765

## **Current Mailing Address:**

489 WILMINGTON CIRCLE OVIEDO, FL 32765

### FEI Number: 27-1259249

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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

### Authorized Person(s) Detail :

Title	MGRS	Title	MGR	
Name	SASANINEJAD, HAMID	Name	SASANINEJAD, MARIE F	
Address	489 WILMINGTON CIRCLE	Address	489 WILMINGTON CIRCLE	
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765	

Certificate of Status Desired: No

04/07/2014

## FILED Apr 07, 2014 Secretary of State CC2117960123

Date

Date