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: HAMID SASANINEJAD MANAGER 05/02/2016

Current Principal Place of Business: 489 WILMINGTON CIRCLE

Entity Name: HS CAPITAL MANAGEMENT LLC

OVIEDO, FL 32765

Current Mailing Address:

DOCUMENT# L09000106353

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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 02, 2016 Secretary of State CC7889263275

Date

Certificate of Status Desired: No

Date