

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108437

Entity Name: HAPUS, LLC

Current Principal Place of Business:

200 ASHFORD CENTER NORTH
SUITE 210
ATLANTA, GA 30338

Current Mailing Address:

200 ASHFORD CENTER NORTH
SUITE 210
ATLANTA, GA 30338

FEI Number: 27-1358483

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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 MGRM
Name THOMASON, NANCY K
Address 200 ASHFORD CENTER NORTH, STE
210
City-State-Zip: ATLANTA GA 30338

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: NANCY K THOMASON

MGRM

03/17/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date