# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BORIS FINCHELTUB

Electronic Signature of Signing Authorized Person(s) Detail

MGR

## 01/27/2016

Date

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046236

Entity Name: HFH DEVELOPERS USA, LLC

# **Current Principal Place of Business:**

1835 NE MIAMI GARDENS DRIVE SUITE 247 MIAMI, FL 33179

# **Current Mailing Address:**

**1835 NE MIAMI GARDENS DRIVE** SUITE 247 MIAMI, FL 33179 US

# FEI Number: 27-4628326

## Name and Address of Current Registered Agent:

BORIS, FINCHELTUB S 1835 NE MIAMI GARDENS DR SUITE 247 MIAMI, FL 33179 US

The f Florida.

SIGNATURE	BORIS FINCHELTUB			6		
	Electronic Signature of Registered Agent		Date	_		
Authorized Person(s) Detail :						
Title	MGR	Title	MGR			
Name	FINCHELTUB, BORIS S	Name	HALFEN, EDUARDO			
Address	1835 NE MIAMI GARDENS DR., STE. 247	Address	1835 NE MIAMI GARDENS DR., STE. 247			
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179			

he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of I							
IGNATURE:	BORIS FINCHELTUB						
	Electronic Signature of Registered Agent						
uthorized Person(s) Detail :							
tle M	MGR	Title	MGR				

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

FILED Jan 27, 2016 Secretary of State CC4886851022

Certificate of Status Desired: No