

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000066287

Entity Name: HSYFT CAMPBELL LLC**Current Principal Place of Business:**4531 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33146**Current Mailing Address:**4531 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33146 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YEUNG, HING-YU
4531 PONCE DE LEON BLVD
STE 300
CORAL GABLES, FL 33146 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 | MGR |
| Name | YEUNG, HOI-SANG |
| Address | 4531 PONCE DE LEON BLVD STE 300 |
| City-State-Zip: | CORAL GABLES FL 33146 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | YEUNG, HING-YU |
| Address | 4531 PONCE DE LEON BLVD STE 300 |
| City-State-Zip: | CORAL GABLES FL 33146 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | LAU, SEI-YAN S |
| Address | 4531 PONCE DE LEON BLVD STE 300 |
| City-State-Zip: | CORAL GABLES FL 33146 |

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|-----------------|------------------------------------|
| Title | MGR |
| Name | YEUNG, NITA Y |
| Address | 4531 PONCE DE LEON BLVD STE 300 |
| City-State-Zip: | CORAL GABLES FL 33146 |

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: HOI-SANG YEUNG

MGR

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date