

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000150894

Entity Name: HL LENDER, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N SUITE 400
JACKSONVILLE, FL 32246-1898

Current Mailing Address:

9995 GATE PARKWAY N SUITE 400
JACKSONVILLE, FL 32246-1898 US

FEI Number: 38-3942453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITAL SOLUTIONS IV, LLC
9995 GATE PKWY N STE 400
JACKSONVILLE, FL 32246 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 KAVALIEROS, NICK
Address 9995 GATE PARKWAY N SUITE 400
City-State-Zip: JACKSONVILLE FL 32246

Title MGR
Name RITCH, TIM
Address 9995 GATE PARKWAY N SUITE 400
City-State-Zip: JACKSONVILLE FL 32246

Title AR
Name STOFFLET, KELLY
Address 9995 GATE PARKWAY N SUITE 400
City-State-Zip: JACKSONVILLE FL 32246

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: TIM RITCH

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date