

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000174987

Entity Name: HYNESIGHT2020, LLC

Current Principal Place of Business:

184 WILLOW FALLS TRAIL
PONTE VEDRA, FL 32081

Current Mailing Address:

PO BOX 1063
PONTE VEDRA, FL 32004

FEI Number: 47-3427821

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HYNES, WILLIAM A
184 WILLOW FALLS TRAIL
PONTE VEDRA, FL 32081 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 MANAGER
Name HYNES, WILLIAM A
Address 184 WILLOW FALLS TRAIL
City-State-Zip: PONTE VEDRA FL 32081

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: WILLIAM A HYNES

MANAGER

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date