

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000024152

**Entity Name:** H2 PROPERTY'S LLC

**Current Principal Place of Business:**

1790 N.W. 81ST TERRACE  
MIAMI, FL 33147

**Current Mailing Address:**

P.O. BOX 470944  
MIAMI, FL 33247

**FEI Number:** 81-1340168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HANKERSON, ANDREA  
1790 N.W. 81ST TERRACE  
MIAMI, FL 33147 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           | P                     | Title           | VP                |
| Name            | HANKERSON, DARRICK SR | Name            | HANKERSON, ANDREA |
| Address         | P.O. BOX 470944       | Address         | P.O. BOX 470944   |
| City-State-Zip: | MIAMI FL 33247        | City-State-Zip: | MIAMI FL 33247    |

*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:** ANDREA HANKERSON

VP

08/23/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date