

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000072011

**Entity Name:** HCATKLLC

**Current Principal Place of Business:**

416 E 8TH AVENUE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

PO BOX 1014  
TALLAHASSEE, FL 32302 US

**FEI Number:** 82-1087652

**Certificate of Status Desired:** No

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

FAY, WILL  
416 E 8TH AVENUE  
TALLAHASSEE,, FL 32303 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 FAY, WILL  
Address 416 E 8TH AVENUE  
City-State-Zip: TALLAHASSEE, FL 32303

*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:** WILL FAY

**MANAGING AGENT**

**03/08/2019**

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

\_\_\_\_\_  
Date