

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000054522

**Entity Name:** HPS.FL.LLC

**Current Principal Place of Business:**

7900 LE JEUNE DR.  
PENSACOLA, FL 32514

**Current Mailing Address:**

7900 LE JEUNE DR.  
PENSACOLA, FL 32514 US

**FEI Number:** 83-0596111

**Certificate of Status Desired:** No

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

HAMMOND, JULIUS L  
7900 LE JEUNE  
PENSACOLA, FL 32514 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	AP	Title	AR
Name	HAMMOND, JULIUS L	Name	HAMMOND, LARISSA M
Address	7900 LE JEUNE DR	Address	7900 LE JEUNE
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	PENSACOLA FL 32514

*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:** JULIUS HAMMOND

**OWNER**

**03/08/2019**

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

\_\_\_\_\_  
Date