

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000201886

**Entity Name:** HSF GAINESVILLE I LLC

**Current Principal Place of Business:**

4545 SW 60TH AVE  
UNIT 770221  
OCALA, FL 34477

**Current Mailing Address:**

4545 SW 60TH AVE  
UNIT 770221  
OCALA, FL 34477 US

**FEI Number:** 83-1668149

**Certificate of Status Desired:** No

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

CRUZ, JARROD N  
4545 SW 60TH AVE  
UNIT 770221  
OCALA, FL 34477-0221 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 CRUZ, JARROD N  
Address 4545 SW 60TH AVE, UNIT 770221  
City-State-Zip: Ocala FL 34477-0221

Title MGR  
Name STIPSITS, BRIAN J  
Address 4545 SW 60TH AVE, UNIT 770221  
City-State-Zip: Ocala FL 34477-0221

*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:** JARROD CRUZ

**MANAGER**

**03/16/2019**

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

\_\_\_\_\_  
Date