

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000264580

Entity Name: HYPE 5 INNOVATIONS, LLC

Current Principal Place of Business:

4410 PLEASANT HILL DR
JACKSONVILLE, FL 32225

Current Mailing Address:

4410 PLEASANT HILL DR
JACKSONVILLE, FL 32225

FEI Number: 83-2580325

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEAN, SHOTT M
4410 PLEASANT HILL DR
JACKSONVILLE, FL 32225 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 MANAGING MEMBER
Name SHOTT, DEAN M
Address 4410 PLEASANT HILL DR
City-State-Zip: JACKSONVILLE 32225

Title MEMBER
Name SHOTT, IAN A
Address 4410 PLEASANT HILL DR
City-State-Zip: JACKSONVILLE FL 32225

Title MEMBER
Name SHOTT, AUSTIN W
Address 4410 PLEASANT HILL DR
City-State-Zip: JACKSONVILLE FL 32225

Title MEMBER
Name BRANT, JEREMY T
Address 1269 SPENSER LN.
City-State-Zip: JACKSONVILLE FL 32259

Title MEMBER
Name SHOTT, JARED
Address 4410 PLEASANT HILL DR
City-State-Zip: JACKSONVILLE, FL FL 32225

Title MEMBER
Name MAY, PHILIP S. III
Address 10101 VINEYARD LAKE RD. E.
City-State-Zip: JACKSONVILLE, FL FL 32256

Title MEMBER
Name RAMSAY, WILLIAM
Address 2696 OSTIA CR
City-State-Zip: JACKSONVILLE FL 32246

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: DEAN SHOTT

MANAGING MEMBER

01/14/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date