

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000265157

Entity Name: HGS TRUST LLC

Current Principal Place of Business:

2390 TAMIAMI TRAIL N STE 204
NAPLES, FL 34103

Current Mailing Address:

2390 TAMIAMI TRAIL N STE 204
NAPLES, FL 34103 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLY, JR, CHARLES M
2390 TAMIAMI TRAIL N STE 204
NAPLES, FL 34103 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, AMBR
Name SCOVILLE, JOHN
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name HOMER G. SCOVILLE MRTL TR FBO
PATRICIA SCOVILLE
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name HOMER G. SCOVILLE TRUST FBO
LESLIE MURPHY
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name HOMER G. SCOVILLE RUST FBO JAKE
SCOVILLE
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name HOMER G. SCOVILLE TRUST FBO
JOHN HARRIS SCOVILLE
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name HOMER G. SCOVILLE TRUST FBO
ALEXANDRA SCOVILLE
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name SCOVILLE, EMILY
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

Title AMBR
Name DIBATTISTA, ARIANE
Address 1150 VIA PRIVADA
City-State-Zip: ESCONDIDO CA 92029

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: JOHN SCOVILLE

MANAGER

02/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date