807 W. MORSE WINTER PARK	BOULEVARD, SUITE 101 , FL 32789			
Current Mai	ling Addross:			
Current Mai	ling Address:			
	RSE BOULEVARD, SUITE 101 RK, FL 32789 US			
FEI Number: 84-4031969 Certificate of Status			Certificate of Status Des	sired: No
Name and A	ddress of Current Registered Agent:			
	RRIFI			
MILLER, R. GA 807 W. MORSE WINTER PARK	BOULEVARD, SUITE 101			
807 W. MORSE WINTER PARK	BOULEVARD, SUITE 101	ts registered office or regist	tered agent, or both, in the State of F	lorida.
807 W. MORSE WINTER PARK	BOULEVARD, SUITE 101 , FL 32789 US	ts registered office or regist	tered agent, or both, in the State of F	lorida. 03/14/2024
807 W. MORSE WINTER PARK	BOULEVARD, SUITE 101 , FL 32789 US I entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of F	
807 W. MORSE WINTER PARK The above named SIGNATURE	BOULEVARD, SUITE 101 , FL 32789 US d entity submits this statement for the purpose of changing it E: R. GABRIEL MILLER	's registered office or regis	tered agent, or both, in the State of F	03/14/2024
807 W. MORSE WINTER PARK The above named SIGNATURE	BOULEVARD, SUITE 101 , FL 32789 US d entity submits this statement for the purpose of changing it E: R. GABRIEL MILLER Electronic Signature of Registered Agent	ts registered office or regist	tered agent, or both, in the State of F	03/14/2024
807 W. MORSE WINTER PARK The above named SIGNATURE Authorized	BOULEVARD, SUITE 101 , FL 32789 US d entity submits this statement for the purpose of changing it E: R. GABRIEL MILLER Electronic Signature of Registered Agent Person(s) Detail :			03/14/2024
807 W. MORSE WINTER PARK The above named SIGNATURE Authorized Title	BOULEVARD, SUITE 101 FL 32789 US d entity submits this statement for the purpose of changing it E: R. GABRIEL MILLER Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	03/14/2024 Date

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: R. GABRIEL MILLER

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/14/2024

FILED Mar 14, 2024 **Secretary of State** 4770664123CC

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000295811

Entity Name: MB HILLPOINTE, LLC

Current Principal Place of Business: