

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000081287

**Entity Name:** NEW PORT RICHEY-H, LLC

**Current Principal Place of Business:**

150 N. BARTLETT ST.  
MEDFORD, OR 97501

**Current Mailing Address:**

150 N. BARTLETT ST.  
MEDFORD, OR 97501 US

**FEI Number:** 85-0559064

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            DEBOER, BRYAN B  
Address        150 N. BARTLETT ST.  
City-State-Zip: MEDFORD OR 97501

Title            TREASURER AND SECRETARY  
Name            HOLZSHU, CHRISTOPHER S  
Address        150 N. BARTLETT ST.  
City-State-Zip: MEDFORD OR 97501

Title            ASSISTANT SECRETARY  
Name            IMPERT, EDWARD  
Address        150 N. BARTLETT ST.  
City-State-Zip: MEDFORD OR 97501

Title            ASSISTANT SECRETARY  
Name            MILLER, TINA  
Address        150 N. BARTLETT ST.  
City-State-Zip: MEDFORD OR 97501

*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:** TINA MILLER

**SECRETARY**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date