## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006574

Entity Name: HSF AFFILIATES LLC

**Current Principal Place of Business:** 

18500 VON KARMAN AVENUE

SUITE 400

IRVINE, CA 92612

**Current Mailing Address:** 

18500 VON KARMAN AVENUE SUITE 400 IRVINE, CA 92612 US

FEI Number: 06-1547591

Certificate of Status Desired: No

**MGRM** 

MORRISTOWN NJ 07960

City-State-Zip:

**FILED** Apr 21, 2015

**Secretary of State** 

CC6331829252

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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 **MGRM** Title

HS FRANCHISE HOLDING, LLC BRPS FRANCHISE HOLD CO I Name Name C/O 465 SOUTH ST., SUITE 202 Address 333 SOUTH 7TH STREET, 27TH Address

**FLOOR** 

MINNEAPOLIS MN 55402 City-State-Zip:

Title

BRPS FRANCHISE HOLD CO II Name C/O 465 SOUTH ST., SUITE 202 Address MORRISTOWN NJ 07960 City-State-Zip:

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: PAUL J. LEIGHTON

ASSISTANT SECRETARY

04/21/2015 Date