

**2018 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

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC2516148027**

**Current Mailing Address:**

ATTN: LEGAL DEPARTMENT  
333 SOUTH 7TH STREET 27TH FLOOR  
MINNEAPOLIS, MN 55402 US

**FEI Number: 06-1547591**

**Certificate of Status Desired: No**

**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  
Name HS FRANCHISE HOLDING, LLC  
Address 333 SOUTH 7TH STREET, 27TH FLOOR  
City-State-Zip: MINNEAPOLIS MN 55402

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

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

Title SECRETARY  
Name BROWNE, MICHAEL T.  
Address 333 SOUTH SEVENTH STREET 2700  
City-State-Zip: MINNEAPOLIS MN 55402

*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: MICHAEL T. BROWNE**

**SECRETARY**

**04/13/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date