

**2023 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:**ATTN: LEGAL DEPARTMENT  
6800 FRANCE AVE. S., STE 610  
EDINA, MN 55435 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 AUTHORIZED MEMBER  
Name HS FRANCHISE HOLDING, LLC  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title SECRETARY  
Name BROWNE, MICHAEL T.  
Address 6800 FRANCE AVE. S., STE 610  
City-State-Zip: EDINA MN 55435

Title CFO  
Name LADD, STEVEN  
Address 18500 VON KARMAN AVENUE, SUITE 400  
City-State-Zip: IRVINE CA 92612

Title CEO  
Name BUDNICK, CHRISTY H  
Address 18500 VON KARMAN AVENUE, SUITE 400  
City-State-Zip: IRVINE CA 92612

Title VP, & CORPORATE COUNSEL  
Name BEARD, DAVID S  
Address 18500 VON KARMAN AVENUE, SUITE 400  
City-State-Zip: IRVINE CA 92612

*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****04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date