

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001893

**Entity Name:** HWR GP, LLC**Current Principal Place of Business:**8637 FREDERICKSBURG ROAD, SUITE 360  
SAN ANTONIO, TX 78240**Current Mailing Address:**8637 FREDERICKSBURG ROAD, SUITE 360  
SAN ANTONIO, TX 78240**FEI Number:** 46-5539847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROACH, CHARLES  
15 SUNSET LN  
POMPANO BEACH, FL 33062 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	MGR
Name	HERNANDEZ, CARLOS O M.D.
Address	8637 FREDERICKSBURG ROAD, SUITE 360
City-State-Zip:	SAN ANTONIO TX 78240

Title	MGR
Name	WHITTAKER, RICHARD J M.D.
Address	8637 FREDERICKSBURG ROAD, SUITE 360
City-State-Zip:	SAN ANTONIO TX 78240

Title	MGR
Name	ROACH, CHARLES J
Address	8637 FREDERICKSBURG ROAD, SUITE 360
City-State-Zip:	SAN ANTONIO TX 78240

*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:** CHARLES J ROACH**MANAGING MEMBER****02/25/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date