

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **mo3000004272**

1. Entity Name

HS-ORLANDO FL, LLC



FILED

04 JUN 30 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MO3000004272
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o CSC

Suite, Apt. #, etc.

3. Mailing Address

2711 Centerville Rd

Suite, Apt. #, etc.

Suite 400

City & State

City & State

Wilmington, DE

PK

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

19808

Country

USA

4. FEI Number

20-0498596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street, Suite 105

City

Tallahassee

FL

Zip Code
32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Evander S. Jones, Jr. 301 S. College Street Charlotte, NC 28288 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Sandra E. Langs c/o Giddons Claman & Langs 675 Third Ave, New York, NY 10017 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000038491220 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Abizar Rangwala 301 S. College Street Charlotte, NC 28288 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/28/04

Date

704-383-6787

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY

M03000004272

ACCOUNT NO. : 072100000032

REFERENCE : 785450 167868A

AUTHORIZATION : Patricia Piquero

COST LIMIT : \$ 50.00

ORDER DATE : June 30, 2004

ORDER TIME : 2:05 PM

ORDER NO. : 785450-010

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre
Wachovia Corporation
One Wachovia Center, Nc0630
301 South College Street-30th
Charlotte, NC 28288-0630

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HS-ORLANDO FL, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____

RECEIVED
04 JUN 30 PM 4:05
DEF. DIV. OF CORP. STATE
TALLAHASSEE, FLORIDA