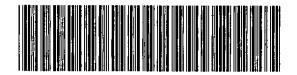
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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D. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: HS PREMIER OF FLORIDA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Cochran

Name of Person

HS Premier of Florida LLC

Firm/Company

610 Uptown Blvd, Ste 2000-15

Address

Cedar Hill TX 75104

City/State and Zip Code

jc@hspremier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Cochran

_{at (}469₎658-6467

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

☐ \$60 Filing Fee, Certificate of Status & Certified Copy

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is: HS PREMIER OF FLORID			
2. This entity was formed under the laws of	TEXAS		
3. This entity was authorized to transact bus and its Florida document/registration number			
4. The name and address of each manager of	or managing member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	JONATHAN COCHRAN		
	4830 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609		
MGR	JOHN GERHART 4830 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609		
MGR	LISA THIESSEN 4830 WEST KENNEDY BLVD, SUITE 60D, SO	2.0	
MGR	LEE KENNEDY 4830 WEST KENNEDY BLVD, SUITE 600 TAMPA, FL 33609	1 = 2 =	
Required Signature:	Jonathan Cochran		
Signature of Manager,	Managing Member or Member		

Filing Fee: \$25