

M13000004687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2013

JONATHAN COCHRAN
610 UPTOWN BLVD.
SUITE 2000-15
CEDAR HILL, TX 75104

SUBJECT: HS PREMIER OF FLORIDA LLC
Ref. Number: M13000004687

We have received your document for HS PREMIER OF FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLOIRIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 913A00021623

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HS PREMIER OF FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment 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 Suite 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

Name of Person

at **(469) 658-6467**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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2013 SEP 13 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

2001 E LAMAR ST, SUITE 150

Address

ARLINGTON, TX 76006

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

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

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TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HS PREMIER OF FLORIDA LLC

2. This entity was formed under the laws of: TEXAS

3. This entity was authorized to transact business in Florida on 25 JULY 2013
and its Florida document/registration number is M13000004687

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOHN L. WILKERSON
4830 WEST KENNEDY BLVD, SUITE 600
TAMPA, FL 33609

MGRM

JONATHAN COCHRAN
4830 WEST KENNEDY BLVD, SUITE 600
TAMPA, FL 33609

MGRM

JOHN GERHART
4830 WEST KENNEDY BLVD, SUITE 600
TAMPA, FL 33609

MGRM

LISA THIESSEN
4830 WEST KENNEDY BLVD, SUITE 600
TAMPA, FL 33609

Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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