

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011502

Entity Name: HCG, LLC**Current Principal Place of Business:**2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804**Current Mailing Address:**PO BOX 1031
ORLANDO, FL 32802**FEI Number:** 50-0002949**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SAUNDERS, ERIC L
2501 N ORANGE AVENUE
SUITE 181
ORLANDO, FL 32804 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	SAUNDERS, ERIC L
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	MGR
Name	GRAHAM, GARY
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	MGRM
Name	DIAMOND, DAVID A
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	MGRM
Name	KROCHAK, RONALD J
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	MGRM
Name	SOLLACCIO, ROBERT J
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

Title	MGRM
Name	PURDON, ROBERT L
Address	PO BOX 1031
City-State-Zip:	ORLANDO FL 32802

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC L SAUNDERS**MANAGER****04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date