## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012855

Entity Name: HFREI1, LLC

**Current Principal Place of Business:** 

9959 TRAILRIDGE DR. SHREVEPORT. LA 71106

**Current Mailing Address:** 

9959 TRAILRIDGE DR. SHREVEPORT, LA 71106

FEI Number: 86-1057019 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, JACK S 715 SOUTH HIMES TAMPA, FL 33609 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

FILED Apr 09, 2013

**Secretary of State** 

CC6398649672

## Authorized Person(s) Detail:

Title MGRM

Name TRICHEL, ARABELLE L
Address 9959 TRAILRIDGE DR
City-State-Zip: SHREVEPORT LA 71106

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: ARABELLE L TRICHEL

**MGRM** 

04/09/2013