

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073331

Entity Name: HP TRUST, LLC**Current Principal Place of Business:**5550 W EXECUTIVE DRIVE
SUITE 550
TAMPA, FL 33609**Current Mailing Address:**5550 W EXECUTIVE DRIVE
SUITE 550
TAMPA, FL 33609**FEI Number:** 26-0603393**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARROD, GARY W
5550 W EXECUTIVE DRIVE
SUITE 550
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**Authorized Person(s) Detail :**

Title	MGRM
Name	HARROD PROPERTIES, INC.
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	HARROD, GARY W
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	HARROD, CHAD
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	WEBSTER, ROBERT
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	BENNETT, PATTI
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	KELLEY, JAY
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

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

SIGNATURE: GARY W HARROD**AUTHORIZED MEMBER****04/02/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date