

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107223

**Entity Name:** HANLEX ZEPHYRHILLS, LLC

**Current Principal Place of Business:**

1000 COLOR PLACE  
APOPKA, FL 32703

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC1871879968**

**Current Mailing Address:**

1000 COLOR PLACE  
APOPKA, FL 32703 US

**FEI Number: 27-1220319**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PISTOR, HANS B  
1000 COLOR PLACE  
APOPKA, FL 32703 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 PISTOR, HANS  
Address 1000 COLOR PLACE  
City-State-Zip: APOPKA FL 32703

Title MGR  
Name WOLMARANS, PAUL  
Address 516 COOPER COMMERCE DR SUITE  
200  
City-State-Zip: APOPKA FL 32703

*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: HANS PISTOR**

**MANAGING MEMBER**

**04/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date