

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047598

**Entity Name:** HOPKINTON VENTURES, LLC

**Current Principal Place of Business:**

1511 N. WESTSHORE BOULEVARD  
SUITE 700  
TAMPA, FL 33607

**Current Mailing Address:**

1511 N. WESTSHORE BOULEVARD  
SUITE 700  
TAMPA, FL 33607 US

**FEI Number:** 27-2511310

**Certificate of Status Desired:** No

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

ROBBINS, MICHAEL H  
C/O SHUMAKER LOOP & KENDRICK LLP  
101 E KENNEDY BOULEVARD SUITE 2800  
TAMPA, FL 33602 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           MANAGER  
Name           OSTERWEIL, DAVID  
Address        1511 N. WESTSHORE BOULEVARD  
                  SUITE 700  
City-State-Zip: TAMPA FL 33607

Title           MANAGER  
Name           BALDWIN, LOWRY  
Address        4010 W. BOY SCOUT BOULEVARD  
                  SUITE 200  
City-State-Zip: TAMPA FL 33607

Title           MANAGER  
Name           LASHER, TYLER  
Address        1511 N. WESTSHORE BOULEVARD  
                  SUITE 700  
City-State-Zip: TAMPA FL 33607

Title           MANAGER  
Name           LASHER, STUART  
Address        1511 N. WESTSHORE BOULEVARD  
                  SUITE 700  
City-State-Zip: TAMPA FL 33607

Title           MANAGER  
Name           REILLY, CHRIS  
Address        1511 N. WESTSHORE BOULEVARD  
                  SUITE 700  
City-State-Zip: TAMPA FL 33607

Title           MANAGER  
Name           LOGAN, BILLY  
Address        1511 N. WESTSHORE BOULEVARD  
                  SUITE 700  
City-State-Zip: TAMPA FL 33607

*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:** DAVID OSTERWEIL

**MANAGER**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date