

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059169

Entity Name: 535 HW, LLC

Current Principal Place of Business:

527 MAIN STREET
WINDERMERE, FL 34786

Current Mailing Address:

PO BOX 2265
HICKORY, NC 28603 US

FEI Number: 45-2404442

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARR, THOMAS JJR
527 MAIN STREET
WINDERMERE, FL 34786 US

FILED
Feb 17, 2014
Secretary of State
CC5561732849

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 KARR, THOMAS JJR
Address BOX 135
City-State-Zip: WINDERMERE FL 34786

Title MGR
Name ALLEN, DONALD RJR
Address 213 S. DILLARD ST. SUITE 210
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name NEILL, EDWARD C
Address 14503 ISLEVIEW DRIVE
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name BROWN, LEE
Address P.O. BOX 2265
City-State-Zip: HICKORY NC 28603

Title MGR
Name BERRY, RICK
Address 5665 GRACE CHAPEL ROAD
City-State-Zip: HICKORY NC 28601

Title MGR
Name HAGER, THOMAS
Address 13900 CONLAND CIRCLE STE 240
City-State-Zip: CHARLOTTE NC 28277

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: LEE BROWN

MANAGER

02/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date