

**2016 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*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****02/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date