

**2013 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:** APPLIED FOR

**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 MGRM  
Name ALLEN, DONALD RJR  
Address BOX 135  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name NEILL, EDWARD C  
Address BOX 135  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name BROWN, LEE  
Address BOX 135  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name BERRY, RICK  
Address BOX 135  
City-State-Zip: WINDERMERE FL 34786

Title MGRM  
Name HAGER, THOMAS  
Address BOX 135  
City-State-Zip: WINDERMERE FL 34786

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

**SIGNATURE:** THOMAS J KARR JR

**MANAGER**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date