

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