

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000029102

Entity Name: HORA MANAGEMENT PROGRAM, LLC

Current Principal Place of Business:

5225 COLLINS AVENUE#1421
MIAMI BEACH, FL 33140

Current Mailing Address:

22 WILLOW ROAD
WOODMERE, NY 11598 US

FEI Number: 45-4665077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VCORP SERVICES, LLC
5011 SOUTH STATE ROAD 7,
SUITE 106
DAVIE, FL 33314 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 HONIGSFELD, MARK
Address 22 WILLOW ROAD
City-State-Zip: WOODMERE NY 11598

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: MARK HONIGSFELD _____

MANAGING MEMBER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date