

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000072340

Entity Name: HF REGISTERED AGENTS, LLC**Current Principal Place of Business:**1715 MONROE STREET
FT. MYERS, FL 33901**Current Mailing Address:**POST OFFICE BOX 280
FT. MYERS, FL 33902-0280**FEI Number:** 45-5505792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOUCK-TOLL, ERIN E
1715 MONROE STREET
FT. MYERS, FL 33901 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:** ERIN E HOUCK-TOLL

02/04/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title P
Name SCHROPP, RUSSELL P
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title VP
Name WHITESMAN, GUY E
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title VP
Name HOUCK-TOLL, ERIN E
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title VP
Name NIEDS, MARK
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title VP
Name LEDERMANN, DAVID
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

Title VP
Name CLARK, THOMAS P
Address 1715 MONROE STREET
City-State-Zip: FT. MYERS FL 33901

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: ERIN E HOUCK-TOLL

VICE PRESIDENT

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date