

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000089855

Entity Name: HSMC, LLC

Current Principal Place of Business:

304 MAGNOLIA AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

POST OFFICE DRAWER 1579
PANAMA CITY, FL 32401

FEI Number: 46-1371660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRISON, FRANKLIN R
600 GRAND PANAMA BLVD.
SUITE 401
PANAMA CITY BEACH, FL 32407 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: FRANKLIN R. HARRISON

04/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HARRISON, FRANKLIN R
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name SALE, DOUGLAS J
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name MCCLOY, DIXON ROSS JR.
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name MONIZ, DION J
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name JACKSON, ROBERT C
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name OBOS, KEVIN
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

Title MGR
Name MYERS, AMY
Address POST OFFICE DRAWER 1579
City-State-Zip: PANAMA CITY FL 32401

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: FRANKLIN R. HARRISON

MANAGER

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date