

**2018 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  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 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

04/03/2018

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:** DOUGLAS J. SALE

MANAGER

04/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date