

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000126128

**Entity Name:** HUPP RETAIL THOMASVILLE, LLC**Current Principal Place of Business:**907 S. FT. HARRISON AVENUE, SUITE 102  
CLEARWATER, FL 33756**Current Mailing Address:**907 S. FT. HARRISON AVENUE, SUITE 102  
CLEARWATER, FL 33756 US**FEI Number:** 46-1146851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUPP HOLDINGS, LLC  
907 S. FT. HARRISON AVENUE, SUITE 102  
CLEARWATER, FL 33756 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:** ANDREW J HUPP

05/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | MGR                                   |
| Name            | OSBORNE, GLENN                        |
| Address         | 907 S. FT. HARRISON AVENUE, SUITE 102 |
| City-State-Zip: | CLEARWATER FL 33756                   |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | MGR                                   |
| Name            | HUPP HOLDINGS, LLC                    |
| Address         | 907 S. FT. HARRISON AVENUE, SUITE 102 |
| City-State-Zip: | CLEARWATER FL 33756                   |

*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:** ANDREW J HUPP

MANAGER

05/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date