

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135909

**Entity Name:** HOPE FOR U. S. VETERANS L.L.C.

**Current Principal Place of Business:**

9812 SW SANTA MONICA DRIVE  
PALM CITY, FL 34990

**Current Mailing Address:**

9812 SW SANTA MONICA DRIVE  
PALM CITY, FL 34990 US

**FEI Number:** 46-1395582

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOHNSON, PHILLIP G  
3208 SE BROOK STREET  
STUART, FL 34997 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            PRESIDENT, OWNER, MGR  
Name            JOHNSON, PHILLIP G  
Address        3208 SE BROOK STREET  
City-State-Zip: STUART FL 34997

Title            VP, MGR  
Name            JOHNSON, YVETTE  
Address        3208 SE BROOK STREET  
City-State-Zip: STUART FL 34997

Title            MANAGING MEMBER  
Name            JOHNSON, CHRISTOPHER A  
Address        3208 SE BROOK STREET  
City-State-Zip: STUART FL 34997

Title            MGRM, CIO  
Name            SATCHELL, LYLE  
Address        9812 SW SANTA MONICA DR.  
City-State-Zip: PALM CITY FL 34990

*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:** PHILLIP G. JOHNSON

**CEO**

**09/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date