

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000136681

Entity Name: HSA E & S, LLC

Current Principal Place of Business:

4019 EST FOWLER AVE.
TAMPA, FL 33619

Current Mailing Address:

4019 EST FOWLER AVE.
TAMPA, FL 33619

FEI Number: 46-3798075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STULL, R. JEFFREY ESQ
602 SOUTH BOULEVARD
TAMPA, FL 33606 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 MGRM
Name CONESTOGA-ROVERS &
ASSOCIATES, INC.
Address 2055 NIAGARA FALLS BLVD. SUITE 3
City-State-Zip: NIAGARA FALLS NY 14304

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: LINDSAY RAY

CORPORATE CLERK

01/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date