

**2017 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 GHD SERVICES 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

**ASSISTANT COMPANY  
SECRETARY**

**02/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date