

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000066287

**Entity Name:** HSYFT CAMPBELL LLC

**Current Principal Place of Business:**

4531 PONCE DE LEON BLVD  
STE 300  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4531 PONCE DE LEON BLVD  
STE 300  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

YEUNG, HING-YU  
4531 PONCE DE LEON BLVD  
STE 300  
CORAL GABLES, FL 33146 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 AMBR  
Name HOI SANG YEUNG 2011 FAMILY TRUST  
Address 4531 PONCE DE LEON BLVD STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name YEUNG, HOI-SANG  
Address 4531 PONCE DE LEON BLVD STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name YEUNG, HING-YU  
Address 4531 PONCE DE LEON BLVD STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name YEUNG, SING-YAN  
Address 4531 PONCE DE LEON BLVD STE 300  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name YEUNG, NITA Y  
Address 4531 PONCE DE LEON BLVD STE 300  
City-State-Zip: CORAL GABLES FL 33146

*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:** HOI-SANG YEUNG

AMBR

04/17/2018

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

\_\_\_\_\_  
Date