

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000135248

Entity Name: H-R FAMILY LLC**Current Principal Place of Business:**5306 CHIPPENDALE CIR W
FORT MYERS, FL 33919**Current Mailing Address:**5306 CHIPPENDALE CIR W
FORT MYERS, FL 33919 US**FEI Number:** 47-1729032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HULL-RYDE, BRETT
5306 CHIPPENDALE CIR W
FORT MYERS, FL 33919 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 | MGR |
| Name | HULL-RYDE, BRETT |
| Address | 5306 CHIPPENDALE CIR W |
| City-State-Zip: | FORT MYERS FL 33919 |

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | HULL-RYDE, GREGORY |
| Address | 626 BLUE ROAN COURT |
| City-State-Zip: | WARRENVILLE SC 29851 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | HULL-RYDE, EDWARD |
| Address | 3553 BOXWOOD DRIVE |
| City-State-Zip: | GRAPEVINE TX 76051 |

| | |
|-----------------|----------------------------|
| Title | MGR |
| Name | SMITH, CATHY |
| Address | 906 TAXUS DRIVE APT 303 |
| City-State-Zip: | ODENTON MD 21113 |

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: BRETT HULL-RYDE**MANAGER****04/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date