

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000168880

Entity Name: HALFPENNY, LLC**Current Principal Place of Business:**8284 NW 64TH STREET
MIAMI, FL 33166**Current Mailing Address:**8284 NW 64TH STREET
MIAMI, FL 33166 US**FEI Number:** 32-0477565**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 | BREADFRUIT TREE, INC |
| Address | 8284 NW 64TH STREET |
| City-State-Zip: | MIAMI FL 33166 |

| | |
|-----------------|---------------------|
| Title | AMBR |
| Name | CALVO, JOSEPH |
| Address | 8284 NW 64TH STREET |
| City-State-Zip: | MIAMI FL 33166 |

| | |
|-----------------|---------------------|
| Title | AMBR |
| Name | HUTSON, MICHAEL |
| Address | 8284 NW 64TH STREET |
| City-State-Zip: | MIAMI FL 33166 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | HUTSON, JAMES |
| Address | 400 FERNWOOD ROAD |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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: JAMES HUTSON**DIRECTOR****04/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date