

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000010365

**Entity Name:** HR CYPRUS INVESTOR, LLC**Current Principal Place of Business:**5701 STIRLING ROAD  
DAVIE, FL 33314**Current Mailing Address:**5701 STIRLING ROAD  
DAVIE, FL 33314 US**FEI Number:** 32-0517223**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLATATION, FL 33324 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 MANAGER, PRESIDENT/CEO  
Name ALLEN, JAMES F  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name RUMBOLZ, MICHAEL D  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name SHORE, JIM  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name BUCHANAN, BRAD  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name GIPS, ROBERT L  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name GOPHER, CARLA  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name BILLIE-MOTLOW, AGNES  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title MANAGER  
Name WHIDDEN, CONNIE  
Address 5701 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

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*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 F. ALLEN****PRESIDENT****03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   MANAGER  
Name                 JOHNS, ALEXANDER P  
Address             5701 STIRLING ROAD  
City-State-Zip:   DAVIE FL 33314

Title                   VP  
Name                 LUCAS, JOHN  
Address             5701 STIRLING ROAD  
City-State-Zip:   DAVIE FL 33314