2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2018
Secretary of State
CC0151687013

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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	SENIOR VICE PRESIDENT, SECRETARY
Name	WOLSZCZAK, JAY
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	HORNBOSTEL, HENRY W
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	ALLEN, JAMES F
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	GIPS, ROBERT L
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

Continues on page 2

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 MANAGER 02/02/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

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

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