2024 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

FILED Apr 11, 2024

Secretary of State

0096571954CC

Authorized Person(s) Detail:

Title MANAGER, PRESIDENT/CEO Title MANAGER

ALLEN, JAMES F Name Name RUMBOLZ, MICHAEL D 5701 STIRLING ROAD 5701 STIRLING ROAD Address Address City-State-Zip: DAVIE FL 33314 City-State-Zip: DAVIE FL 33314

Title **MANAGER** Title MANAGER

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

Title MANAGER Title MANAGER

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

City-State-Zip: DAVIE FL 33314

Title **MANAGER** Title MANAGER

Name WHIDDEN, CONNIE BILLIE-MOTLOW, AGNES Name 5701 STIRLING ROAD Address 5701 STIRLING ROAD Address City-State-Zip: DAVIE FL 33314 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.

04/11/2024 **PRESIDENT** SIGNATURE: JAMES F. ALLEN

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title MANAGER Title VP

Name JOHNS, ALEXANDER P Name LUCAS, JOHN

Address 5701 STIRLING ROAD Address 5701 STIRLING ROAD

City-State-Zip: DAVIE FL 33314 City-State-Zip: DAVIE FL 33314