

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000184442

Entity Name: HPMS SERVICES LLC

Current Principal Place of Business:

10879 CORAL SHORES DR UNIT 210
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 292487
TAMPA, FL 32287 US

FEI Number: 82-2638354

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 ONEIL, NICOLE
Address 10879 CORAL SHORES DR UNIT 210
City-State-Zip: JACKSONVILLE FL 32256

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: NICOLE ONEIL

MBR

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date