**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 08, 2021**
**Secretary of State**
**0953196658CC**

DOCUMENT# L19000115609

**Entity Name:** HGI CARE, LLC

**Current Principal Place of Business:**

8275 JENNIFER LANE
SEMINOLE, FL 33777

**Current Mailing Address:**

8275 JENNIFER LANE
SEMINOLE, FL 33777 US

**FEI Number: 84-2347241**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NEGHESTI-JOHNSON, SOPHIA
8275 JENNIFER LANE
SEMINOLE, FL 33777 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 | MGR, CFO | Title | MGR |
| Name | NEGHESTI-JOHNSON, SOPHIA | Name | NEGHESTI, LUCA |
| Address | 8275 JENNIFER LANE | Address | 8275 JENNIFER LANE |
| City-State-Zip: | SEMINOLE FL 33777 | City-State-Zip: | SEMINOLE FL 33777 |

| | |
|---|---|
| Title | MGR |
| Name | JOHNSON, DON |
| Address | 8275 JENNIFER LANE |
| City-State-Zip: | SEMINOLE FL 33777 |

*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: SOPHIA NEGHESTI-JOHNSON CFO/MANAGER 04/08/2021

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