

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000084424

Entity Name: HDMS LLC

Current Principal Place of Business:

3898 HWY 4
JAY, FL 32565

Current Mailing Address:

PO BOX 189
JAY, FL 32565 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, MICHAEL D
3898 HWY 4
JAY, FL 32565 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	Title	SM
Name	SCOTT, MICHAEL D	Name	DOWNEY, HARRELL G
Address	P.O. BOX 189	Address	P.O. BOX 189
City-State-Zip:	JAY FL 32565	City-State-Zip:	JAY FL 32565

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: HARRELL DOWNEY

MANAGER OWNER

03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date