

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000138981

Entity Name: HS ST AUG LLC**Current Principal Place of Business:**234 CROSS BRANCH DR
PONTE VEDRA, FL 32081**Current Mailing Address:**234 CROSS BRANCH DR
PONTE VEDRA, FL 32081 US**FEI Number:** 85-1385575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATES, JEFFREY A
234 CROSS BRANCH DR
PONTE VEDRA, FL 32081 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
Name	BATES, JEFFREY A
Address	234 CROSS BRANCH DR
City-State-Zip:	PONTE VEDRA FL 32081

Title	MANAGER
Name	PLOUFFE, JODY
Address	234 CROSS BRANCH DR
City-State-Zip:	PONTE VEDRA FL 32081

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: JEFFREY BATES**OWNER****01/30/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date