

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000305669

**Entity Name:** HHRE OC GROUP I, LLC

**Current Principal Place of Business:**

5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

**Current Mailing Address:**

5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609

**FEI Number:** 85-3381765

**Certificate of Status Desired:** No

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

MINOTAKIS, STELIOS  
5550 W. EXECUTIVE DRIVE, SUITE 550  
TAMPA, FL 33609 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 HARROD DEVELOPMENT, INC.  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AR  
Name HARROD, CHADWICK  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AR  
Name WEBSTER, ROBERT  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AR  
Name MAVAR, GRAHAM  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AR  
Name BENNETT, PATTI  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

Title AR  
Name KELLEY, JACK  
Address 5550 W. EXECUTIVE DRIVE, SUITE 550  
City-State-Zip: TAMPA FL 33609

*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:** CHADWICK HARROD

**AUTHORIZED  
REPRESENTATIVE**

**03/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date