

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000501

Entity Name: HINES NORMAN HINES, P.L.**Current Principal Place of Business:**315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**Current Mailing Address:**315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**FEI Number:** 59-3547576**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORMAN, CHRISTOPHER H
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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:** CHRISTOPHER H NORMAN

01/23/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	HINES, JAMES PSR.
Address	315 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	NORMAN, CHRISTOPHER H
Address	315 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	HINES, JAMES PJR.
Address	315 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	HINES, ROBERT D
Address	315 SOUTH HYDE PARK AVENUE
City-State-Zip:	TAMPA FL 33606

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: CHRISTOPHER H NORMAN

MGR

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date