

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000004597

Entity Name: SHM HARBORTOWN TRS, LLC**Current Principal Place of Business:**1936 HARBORTOWN DR.
FORT PIERCE, FL 34946**Current Mailing Address:**14785 PRESTON RD., STE. 975
DALLAS, TX 75254 US**FEI Number:** 85-3507316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CFO
Name MCCLINTOCK, GAVIN
Address 14785 PRESTON RD., STE. 975
City-State-Zip: DALLAS TX 75254

Title CDO
Name CLARK, PETER
Address 14785 PRESTON RD., STE. 975
City-State-Zip: DALLAS TX 75254

Title COO
Name BURCHETT, KATHERYN
Address 14785 PRESTON RD., STE. 975
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON
Name RAY, JOHN R
Address 14785 PRESTON RD., STE. 975
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON
Name THOMPSON, MEAGAN
Address 1936 HARBORTOWN DR.
City-State-Zip: FORT PIERCE FL 34946

Title AUTHORIZED PERSON
Name CAPILLI, JOE
Address 1936 HARBORTOWN DR.
City-State-Zip: FORT PIERCE FL 34946

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: JOHN RAY**AUTHORIZED PERSON****04/15/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date