

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000001208

**Entity Name:** HSC 55 WEST, LLC

**Current Principal Place of Business:**

9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name HSC 55 WEST OWNER  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AUTHORIZED SIGNER  
Name HAFNER, MARK  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AUTHORIZED SIGNER  
Name SUAREZ, RODRIGO  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AUTHORIZED SIGNER  
Name TAYLOR, JONATHAN JT  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AUTHORIZED SIGNER  
Name AGUILAR, CARLOS  
Address 9040 TOWN CENTER PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** MARK HAFNER

**AUTHORIZED SIGNER**

**03/11/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date