

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000120209

Entity Name: HHRE SIMMONS LOOP LLC

Current Principal Place of Business:

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

Current Mailing Address:

5550 W. EXECUTIVE DRIVE, STE 550
TAMPA, FL 33609 US

FEI Number: 92-2947260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINOTAKIS, STELIOS
5550 W. EXECUTIVE DRIVE, STE 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, STE 550
City-State-Zip: TAMPA FL 33609

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

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

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

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

Title AR
Name KELLEY, JACK
Address 5550 W. EXECUTIVE DRIVE, STE 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**

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date