## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000065640

#### Entity Name: HCC SERVICES LLC

## Current Principal Place of Business:

135 SAN LORENZO AVE SUITE 730 CORAL GABLES, FL 33146

# **Current Mailing Address:**

135 SAN LORENZO AVENUE SUITE 730 MIAMI, FL 33146 US

# FEI Number: 61-1567495

### Name and Address of Current Registered Agent:

DE MENDIA, CARLOS F 135 SAN LORENZO AVE SUITE 730 MIAMI, FL 33146 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

### Authorized Person(s) Detail :

Authonized Ferson(s) Detail.			
Title	MGR	Title	MGRM
Name	DE MENDIA, CARLOS F	Name	MENDIA, CARLOS G
Address City-State-Zip:	135 SAN LORENZO AVE SUITE 730 CORAL GABLES FL 33146	Address City-State-Zip:	14708 GOLDEN LEAF PLACE LOUISVILLE KY 40245
Title Name Address City-State-Zip:	MGRM BEAUPERTHUY, CRISTINA M 6464 CABALLERO BLVD. CORAL GABLES FL 33143	Title Name Address City-State-Zip:	MGRM MENDIA, IRMA 9665 SOUTH WEST 69 CT MIAMI FL 33156
Title Name Address City-State-Zip:	MGRM DE MENDIA, IRMA A 1120 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146		

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: CRISTINA M BEAUPERTHUY

MANAGER

01/09/2018 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 09, 2018 Secretary of State CC3198514107

Certificate of Status Desired: Yes

Date