## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065640

**Entity Name: HCC SERVICES LLC** 

**Current Principal Place of Business:** 

135 SAN LORENZO AVE SUITE 730 MIAMI, FL 33146

**FILED** Jan 09, 2017 **Secretary of State** CC4156557549

## **Current Mailing Address:**

135 SAN LORENZO AVENUE **SUITE 730** MIAMI, FL 33146 US

FEI Number: 61-1567495 Certificate of Status Desired: No

## 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:

Title MGR Title **MGRM** 

DE MENDIA, CARLOS F Name Name MENDIA, CARLOS G

7800 SOUTH WEST 57TH AVENUE, 14708 GOLDEN LEAF PLACE Address Address STE. 207E

LOUISVILLE KY 40245 City-State-Zip: MIAMI FL 33143

City-State-Zip: Title **MGRM** 

Title **MGRM** Name MENDIA, IRMA

Name BEAUPERTHUY, CRISTINA M Address

9665 SOUTH WEST 69 CT 6464 CABALLERO BLVD. Address

City-State-Zip: MIAMI FL 33156 CORAL GABLES FL 33143 City-State-Zip:

Title **MGRM** 

DE MENDIA, IRMA A Name

Address 1120 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146 City-State-Zip:

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.

01/09/2017 SIGNATURE: CARLOS F. DE MENDIA **MMGR** 

Date