

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065640

Entity Name: HCC SERVICES LLC**Current Principal Place of Business:**7800 SOUTH WEST 57TH AVENUE, STE. 207E
MIAMI, FL 33143**Current Mailing Address:**7800 SOUTH WEST 57TH AVENUE, STE. 207E
MIAMI, FL 33143**FEI Number:** 61-1567495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE MENDIA, CARLOS F
7800 SOUTH WEST 57TH AVENUE, STE. 207E
MIAMI, FL 33143 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	DE MENDIA, CARLOS F
Address	7800 SOUTH WEST 57TH AVENUE, STE. 207E
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	BEAUPERTHUY, CRISTINA M
Address	6464 CABALLERO BLVD.
City-State-Zip:	CORAL GABLES FL 33143

Title	MGRM
Name	DE MENDIA, IRMA A
Address	1120 S. ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	MENDIA, CARLOS G
Address	14708 GOLDEN LEAF PLACE
City-State-Zip:	LOUISVILLE KY 40245

Title	MGRM
Name	MENDIA, IRMA
Address	9250 SW 88TH TERR
City-State-Zip:	MIAMI FL 33176

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: CARLOS DE MENDIA

MGRMBR

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date