

**2022 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDIA, CARLOS G  
101 OCEAN LANE DRIVE  
APT 4017  
KEY BISCAYNE, FL 33149 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         | 101 OCEAN LANE DRIVE<br>APT 4017 |
| City-State-Zip: | KEY BISCAYNE FL 33149            |
| 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         | 101 OCEAN LANE DRIVE<br>APT 4017 |
| City-State-Zip: | KEY BISCAYNE FL 33149            |
| Title           | MGRM                             |
| Name            | MENDIA, IRMA                     |
| Address         | 9665 SOUTH WEST 69 CT            |
| City-State-Zip: | MIAMI FL 33156                   |

*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 MENDIA BEAUPERTHUY**MANAGER****01/27/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date