# Entity Name: ROSS HUGHES & ASSOCIATES, CPAS, PLLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

4540 SOUTHSIDE BLVD SUITE 601 JACKSONVILLE, FL 32216

#### **Current Mailing Address:**

DOCUMENT# L13000171231

4540 SOUTHSIDE BLVD SUITE 601 JACKSONVILLE, FL 32216

#### FEI Number: 46-4588982

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KIMBALL K. ROSS, ESQUIRE ONE OCEANS WEST BLVD APT 8B3 DAYTONA BEACH SHORES, FL, FL 32118 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:

### Authorized Person(s) Detail .

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	BRENT, ROSS D	Name	HEATHER, HUGHES
Address	4540 SOUTHSIDE BLVD, SUITE 601	Address	4540 SOUTHSIDE BLVD, SUITE 601
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216

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.

MANAGER

#### SIGNATURE: BRENT D ROSS

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

02/27/2014 Date

Date