

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000092929

Entity Name: C STORE SPECIALIST LLC

Current Principal Place of Business:

1407 EAST BAKER ST
PLANT CITY, FL 33563

Current Mailing Address:

P.O. BOX 4989
PLANT CITY, FL 33563 UN

FEI Number: 82-5161438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, JOHN T
1407 EAST BAKER ST
PLANT CITY, FL 33563 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	Title	AUTHORISED MEMBER
Name	HUGHES, JOHN T	Name	HUGHES-SHELTON, AMANDA RENEE
Address	1407 EAST BAKER ST	Address	P.O. BOX 4989
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY 33563

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: JOHN T HUGHES

OWNER

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date