

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000092929

**Entity Name:** C STORE SPECIALIST LLC

**Current Principal Place of Business:**

1304 EAST BAKER ST  
PLANT CITY, 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  
1304 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	1304 E BAKER ST	Address	1304 EAST BAKER ST
City-State-Zip:	PLANT CITY FL 33563-5852	City-State-Zip:	PLANT CITY 33563
Title	AUTHORIZED MEMBER		
Name	HUGHES, SEAN ROBERT		
Address	1304 EAST BAKER ST		
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

MGR

01/31/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date