

5/7.
5/

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-07-2002 90385 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012207

1. Entity Name

HUDSON FAMILY, LLC

Principal Place of Business

**8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655**

Mailing Address

**8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655**

96892

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3674708

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUDSON, JOHN E
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HUDSON, JOHN E
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY FL 34655** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**LEILA J. HUDSON, MEMBER
8801 RIVER CROSSING BLVD.
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2083 (9/01)

HUDSON FAMILY, LLC

Attachment

96892

July 1, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: L00000012207

To Whom It May Concern:

Please be advised that we are in receipt of your letter, a copy of which is enclosed. There are no officers at this time and the corporation is structured as such that the managing member and members are sufficient. They can, however, elect officers if they so desire.

Sincerely,

HUDSON FAMILY, LLC


Susan Silva

/ss
encl.