

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90037 049 ****50.00

DOCUMENT # **L02000000672**

1. Entity Name

HUGHES COVE, LLC



30043502

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 S. ROGERS CIR

Suite, Apt. #, etc.
#11

City & State

BOCA RATON, FL

Zip
33487

Country

PALM BEACH

3. Mailing Address

1200 S. ROGERS CIR

Suite, Apt. #, etc.
#11

City & State

BOCA RATON, FL

Zip
33487

Country

PALM BEACH

4. FEI Number

42-1528546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEONARD ALBANESE

Street Address (P.O. Box Numbers Not Acceptable)

1200 S. ROGERS CIRCLE, #11

City

BOCA RATON

FL

Zip Code

33487

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEONARD ALBANESE
1200 S. ROGERS CIRCLE, #11
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083B (12/02)