

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90403 023 \*\*\*138.75

**DOCUMENT # L03000005386**

1. Entity Name  
**HUGHES, LLC**



Principal Place of Business  
**1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**

Mailing Address  
**1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**

**60012028**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**P.O. BOX 532016**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
**ORLANDO, FL**

4. FEI Number  
**06-1681891**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32853-2016**

**USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, BRADLEY M  
1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804**

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

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HUGHES, BRADLEY  
1608 WEST IVANHOE BOULEVARD  
ORLANDO, FL 32804** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HUGHES, RUSSELL V  
2035 COMPANERO AVENUE  
ORLANDO, FL 32804** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Russell V. Hughes*

**RUSSELL V. HUGHES**

**2/28/08**

**407-295-5549**

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

Date

Daytime Phone #