

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 005 ***143.75

DOCUMENT # L03000045347

1. Entity Name

HUGHES-LARKIN, LLC



Principal Place of Business

5111 HIGHLANDS VIEW LOOP
LAKELAND FL 33813
US

Mailing Address

POST OFFICE DRAWER 2900
LAKELAND FL 33806
US



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

5111 HIGHLANDS VIEW LOOP

3. Mailing Address

HUGHES/LARKIN LLC
627 HIGHLAND CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL 33813

City & State

Tupelo, Ms

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, JAMES R SR.
116 SOUTH TENNESSEE AVENUE
SUITE 115
LAKELAND FL 33801

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

SIGNATURE

John R. Hughes

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

TITLE MGRM ☐ Delete
NAME HUGHES, JOHN H
STREET ADDRESS 104 MABRY STREET
CITY-ST-ZIP OKOLONA MS 38860

TITLE MGRM ☒ Delete
NAME LARKIN, F. D
STREET ADDRESS 5111 HIGHLANDS VIEW LOOP
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME HUGHES, WILLIAM E.
STREET ADDRESS 627 HIGHLAND CIRCLE
CITY-ST-ZIP Tupelo, Ms 38801

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

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

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CITY-ST-ZIP

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

John R. Hughes

2/12/08

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

Daytime Phone #