

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045347

Entity Name: HUGHES-LARKIN, LLC

FILED  
Apr 10, 2009  
Secretary of State

**Current Principal Place of Business:**

5111 HIGHLANDS VIEW LOOP  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

627 HIGHLAND CIRCLE  
TUPELO, MS 38801 US

**Current Mailing Address:**

627 HIGHLAND CIRCLE  
TUPELO, MS 38801 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUGHES, JOHN H  
Address: 104 MABRY STREET  
City-St-Zip: OKOLONA, MS 38860 US

Title: MGRM ( ) Delete  
Name: HUGHES, WILLIAM E  
Address: 627 HIGHLAND CIRCLE  
City-St-Zip: TUPELO, MS 38801 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUGHES, JOHN H  
Address: 1104 BELLEDEER DRIVE  
City-St-Zip: TUPELO, MS 38804 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM E HUGHES

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date