

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90164 008 ****55.00

DOCUMENT # L04000006422

1. Entity Name

HERSHEL L. HUGHES LLC



Principal Place of Business

Mailing Address

11230 167TH ROAD
LIVE OAK FL 32060

BOX 4356
DOWLING PARK FL 32064

20011133



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3633 Central Circle

3. Mailing Address

3633 Central Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Laurel Hill

Laurel Hill

City & State

City & State

Laurel Hill Florida

Laurel Hill Florida

Zip

Zip

32567

32567

Country

Country

OKaloosa

OKaloosa

4. FEI Number

Applied For

☒ Not Applicable

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, HERSHEL L
11230 167TH ROAD
LIVE OAK FL 32060

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME HUGHES, HERSHEL L
STREET ADDRESS 11230 167TH ROAD
CITY-ST-ZIP LIVE OAK FL 32060

☐ Delete

TITLE MGRM
NAME Hughes, Hershel L
STREET ADDRESS 3633 Central Circle
CITY-ST-ZIP Laurel Hill, FL 32567

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

Hershel L Hughes

2-7-05

850-652-3711

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

Date

Daytime Phone #