

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 041 ****55.00

DOCUMENT # L04000006422

1. Entity Name

HERSHEL L. HUGHES LLC



Principal Place of Business

Mailing Address

3633 CENTRAL CIRCLE
LAUREL HILL FL 32567

3633 CENTRAL CIRCLE
LAUREL HILL FL 32567

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

7900 Harper Rd
Suite, Apt. #, etc.

3. Mailing Address

7900 Harper Rd
Suite, Apt. #, etc.

City & State

Laurel Hill Florida

City & State

Laurel Hill Florida

Zip

32567

Country

OKaloo5g

Zip

32567

Country

OKaloo5g

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

HUGHES, HERSHEL L
11230 167TH ROAD
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name

Hershel L. Hughes

Street Address (P.O. Box Number is Not Acceptable)

7900 Harper Rd

City

Laurel Hill

FL

Zip Code

32567

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

Hershel L. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HUGHES, HERSHEL L
STREET ADDRESS 3633 CENTRAL CIRCLE
CITY-ST-ZIP LAUREL HILL FL 32567

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Hughes, Hershel L
STREET ADDRESS 7900 Harper Rd
CITY-ST-ZIP Laurel Hill FL 32567

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Hershel L. Hughes

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

Date

880-652-3711

Daytime Phone #