## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Jan 30, 2007 8:00 am DOCUMENT # L04000020062 **Secretary of State** 1. Entity Name 01-30-2007 90034 041 \*\*\*\*50.00 HUGHES HOME MAINTENANCE, LLC. Principal Place of Business Mailing Address 2135 SEMINOLE SHOES LANE VERO BEACH FL 32963 2135 SEMINOLE SHOES LANE VERO BEACH FL 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Gily & State Beach City & State 4. EEL Number Applied For 20-0863071 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SEGAL, BARRY G Street Address (P.O. Box Number is Not Acceptable) 2801 OCEAN DRIVE SUITE 204 VERO BEACH FL 32963 Zip Code 8. The above named entity sybmits 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. (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES HHI MGRM ☐ Delete 1003 Change ■ Addition NAMI HUGES, DANIEL (CHIP) E NAMI STREET ADDRESS STREET ADDRESS 2135 SEMINOLE SHORES LANE CITY ST 71P CITY-ST-7# VERO BEACH FL 32963 ☐ Delete Change Addition 1011 MAM NAM! STREET ADDRESS STREET ADDRESS CITY ST 7IP CRY SL 7P Delete ☐ Change Addition 11115 TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP Cily 51 zm ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CHY-ST-70 CHY ST 7P ■ Addition □ Change ☐ Delete HILE HIII NAMI NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST. 70 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST 74P CITY-ST-7IP 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to expecute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED