

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90046 043 ****50.00

DOCUMENT # L04000050753

1. Entity Name

Hudspeth Enterprises, LLC

DO NOT WRITE IN THIS SPACE

20058326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17287 Perdido Key Drive

Suite, Apt. #, etc.
707

3. Mailing Address
5695 Northton Ct.

Suite, Apt. #, etc.

City & State
Pensacola, Florida

City & State
Woodbridge, VA

4. FEI Number
20-1358712

Applied For
Not Applicable

Zip
32507

Country
USA

Zip
22193

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Richard B. Hudspeth

Street Address (P.O. Box Number is Not Acceptable)
1095 Nature's Hammock Rd., S

City
Jacksonville

FL

Zip Code
32259

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.

SIGNATURE

Richard B. Hudspeth

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Richard B. Hudspeth
1095 Nature's Hammock Rd., S.
Jacksonville, FL 32259

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
David R. Hudspeth
5695 Northton Ct.
Woodbridge, VA 22193

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Michael J. Hudspeth
11699 Howitzer Ln.
Woodbridge, VA 22192

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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:

Richard B. Hudspeth

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

Date

Daytime Phone #

CR2E083B (12/01)