

LD4000055503

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hubbard Properties, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mark Hubbard

(Contact Person)

Hubbard Properties, LLC

(Firm/Company)

150 John's Pass Boardwalk West

(Address)

Madeira Beach, FL 33708

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Hubbard

(Name of Contact Person)

at ( 727 ) 421-5610

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hubbard Properties, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L04000055503

4. I, Mark Hubbard, hereby resign as a President  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
11 JAN -6 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT# L04000055503**

**Entity Name:** HUBBARD PROPERTIES, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

150 JOHN'S PASS BOARDWALK WEST  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

150 JOHN'S PASS BOARDWALK WEST  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

**FEI Number:** 20-1428367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUBBARD, LORRAINE  
150 JOHN'S PASS BOARDWALK WEST  
MADEIRA BEACH, FL 33708      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  
**Name:** HUBBARD, LORRAINE W  
**Address:** 150 JOHN'S PASS BOARDWALK WEST  
**City-St-Zip:** MADEIRA BEACH, FL 33708

**Title:** VT  
**Name:** HUBBARD, PATRICIA  
**Address:** 150 JOHN'S PASS BOARDWALK WEST  
**City-St-Zip:** MADEIRA BEACH, FL 33708

**Title:** PRES  
**Name:** HUBBARD, MARK F  
**Address:** 150 JOHN'S PASS BOARDWALK WEST  
**City-St-Zip:** MADEIRA BEACH, FL 33708

**Title:** SEC  
**Name:** MCDOLE, KATHLEEN H  
**Address:** 150 JOHN'S PASS BOARDWALK WEST  
**City-St-Zip:** MADEIRA BEACH, FL 33708

I hereby 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:** PATRICIA HUBBARD

VT

04/30/2010

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