

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000061101

1. Entity Name
HUGHES CONSULTANTS LLC



Principal Place of Business
**727 BANNOCKBURN AVENUE
TEMPLE TERRACE, FL 33617**

Mailing Address
**727 BANNOCKBURN AVENUE
TEMPLE TERRACE, FL 33617**



01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1515959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, MATTHEW S
935 SOUTH HOWARD AVENUE, UNIT 2
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLMAN, KARLA HUGHES
727 BANNOCKBURN AVENUE
TEMPLE TERRACE, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HUGHES, MATTHEW S.
935 S. HOWARD AVE., UNIT 2
TAMPA, FL 33606**

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000000641246
02/28/07-80098-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Matthew S. Hughes MATTHEW S. HUGHES

2/15/07

813/251-9710

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

Date

Daytime Phone #