

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 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



01192008 No Chg-LLC

CR2E083 (12/07)

**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 reconstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000910004  
05/06/08-80090-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	WILLMAN, KARLA HUGHES
STREET ADDRESS	727 BANNOCKBURN AVENUE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	MGR
NAME	HUGHES, MATTHEW S.
STREET ADDRESS	935 S. HOWARD AVE., UNIT 2
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: \_\_\_\_\_

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

MATTHEW S. HUGHES 4/16/08 813/251-9710

Date

Daytime Phone #