


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000072280 1. Entity Name HUGGS LLC	
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Principal Place of Business 2189 DONEGAL CLERMONT, FL 34711 US	Mailing Address 2189 DONEGAL AVE. CLERMONT, FL 34711 US
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DO NOT WRITE IN THIS SPACE

05022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1731246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROCHE, DONALD MR.
2189 DONEGAL AVE.
CLERMONT, FL 34711

**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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCHE, DONALD 2189 DONEGAL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCHE, BARBARA 2189 DONEGAL CLERMONT, FL 34711
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05/30/08-80058-015-138.75

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:  **4-29-2008** **552-243-4387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #