

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000043682

1. Entity Name
HUGHES ENTERPRISES OF NORTHWEST FLORIDA, LLC



FILED

07 DEC 18 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
99 HIGHPOINT DRIVE
GULF BREEZE, FL 32561

Mailing Address
99 HIGHPOINT DRIVE
GULF BREEZE, FL 32561



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2866120

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELL, STEPHEN B
226 PALAFOX PLACE
NINTH FLOOR
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11/16/07

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HOEWT, DANA L
99 HIGHPOINT DRIVE
PENSACOLA, FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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HARDEN, LOUISE H
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PENSACOLA, FL 32504 ☐ Delete

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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.

LOUISE H. HARDEN

SIGNATURE: Louise H. Harden

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

10-3-07

Date

850 438-9991

Daytime Phone #

REINSTATEMENT
2007

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12/21/07--01022--002 **150.00