

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063208

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** ROBERT K. HUGHES, SR., L.L.C.

**Current Principal Place of Business:**

2150 ANDREA LANE  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

2150 ANDREA LANE  
FT. MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 26-0308629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZADROZNY, JAMES  
2150 ANDREA LANE  
FT. MYERS, FL 33912 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:** MGR  
**Name:** HUGHES, ROBERT K SR.  
**Address:** 2150 ANDREA LANE  
**City-St-Zip:** FT. MYERS, FL 33912

**Title:** MGR  
**Name:** DEVRIES, JULIE  
**Address:** 3775 TIMBERLINE DRIVE  
**City-St-Zip:** W. DES MOINES, IA 50265

**Title:** MGR  
**Name:** ZADROZNY, KATHERINE  
**Address:** 12936 SAND POINT COURT  
**City-St-Zip:** FT. MYERS, FL 33919

**Title:** MGR  
**Name:** HUGHES, ROBERT K JR.  
**Address:** 5222 SUNSET COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGR  
**Name:** HARMON, JANIE  
**Address:** 2354 LA SALLE AVENUE  
**City-St-Zip:** FT. MYERS, FL 33907

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:** ROBERT K. HUGHES SR.

MGR

01/05/2010

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