

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

1/ **Mar 03, 2008 8:00 am**
Secretary of State

01-22-2008 90125 042 ***138.75

DOCUMENT # L07000068600

1. Entity Name
GESM HUGHES LLC



Principal Place of Business
**4538 CHARLES BENNETT DR
JACKSONVILLE, FL 32225**

Mailing Address
**4538 CHARLES BENNETT DR
JACKSONVILLE, FL 32225**

30001094



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

33-1171843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUGHES, SUSAN M
4538 CHARLES BENNETT DR
JACKSONVILLE, FL 32225**

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 re-registering)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HUGHES, SUSAN M
4538 CHARLES BENNETT DR
JACKSONVILLE, FL 32225** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 606, Florida Statutes.

SIGNATURE: *Susan M Hughes* **Susan M Hughes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/08 **904-210-6902**
Date Daytime Phone #



ATTACHMENT

30601094

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2008

GESM HUGHES LLC
4538 CHARLES BENNETT DR
JACKSONVILLE, FL 32225

Subject: GESM HUGHES LLC

Reference Number: L07000068600

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

33-1171963

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION