

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000032642

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** HUGHES TRIM L.L.C.

**Current Principal Place of Business:**

2732 SEQUOYAH DRIVE  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

2732 SEQUOYAH DRIVE  
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number:** 26-2292133      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WORTH, AMY  
2732 SEQUOYAH DRIVE  
HAINES CITY, FL 33844 US

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:** AMY WORTH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WORTH, AMY  
**Address:** 2732 SEQUOYAH DRIVE  
**City-St-Zip:** HAINES CITY, FL 33844 US

**Title:** MGRM  
**Name:** WORTH, BENJAMIN  
**Address:** 2732 SEQUOYAH DRIVE  
**City-St-Zip:** HAINES CITY, FL 33844 US

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:** BEN WORTH

MGRM

01/09/2010

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