

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072033

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** HUGHES ADVERTISING PROMOTIONS, LLC

**Current Principal Place of Business:**

101 ORANGE CO CIR  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

101 ORANGE CO CIR  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 26-3210924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUGHES, DWAIN  
101 ORANGE CO CIR  
WINTER HAVEN, FL 33881 US

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

HUGHES, DWAIN E  
101 ORANGE CO CIR  
WINTER HAVEN, FL 33881 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:** DWAIN HUGHES

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HUGHES, MICHELLE  
**Address:** 350 GREENFIELD ROAD  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** MGRM ( ) Delete  
**Name:** HUGHES, DWAIN  
**Address:** 350 GREENFIELD ROAD  
**City-St-Zip:** WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** DWAIN HUGHES

MGRM

04/08/2009

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