

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012701

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** C.K. HUGHES SERVICES, LLC

**Current Principal Place of Business:**

236 VIA HAVARRE AVE  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

236 VIA HAVARRE AVE  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

1011 SHARES DR  
APT B  
ROCKLEDGE, FL 32955 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HUGHES, CAMERON K  
236 VIA HAVARRE AVE  
MERRITT ISLAND, FL 32953 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: MGRM  
Name: C.K. HUGHES SERVICES, LLC  
Address: 236 VIA HAVARRE AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM  
Name: HUGHES, CAMERON K  
Address: 236 VIA HAVARRE AVE  
City-St-Zip: MERRITT ISLAND, FL 32953 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:** CAMERON K HUGHES

MGRM

02/08/2012

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