

45000 187774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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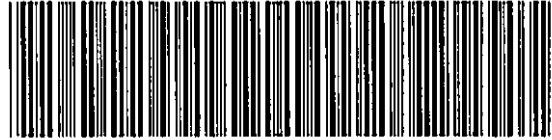
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/8/18 CS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HUGHES LAWN CARE, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Hughes  
Name of Person

HUGHES LAWN CARE, LLC  
Firm/Company

3607 N. MONROE ST. #180901  
Address

Tallah, FL 32318  
City/State and Zip Code

hugheslawncarellc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Hughes at (850) 210-8276  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2011 NOV -8 P 8:33  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2018

ANTONIO HUGHES  
3607 N MONROE ST #180901  
TALLAHASSEE, FL 32318

SUBJECT: HUGHES LAWN CARE, LLC  
Ref. Number: L15000187774

We have received your document for HUGHES LAWN CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete section 5b of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 218A00022353

FILED  
OCT 31 2018  
TALLAHASSEE, FLORIDA

2018 NOV -8 AM 10:36

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HUGHES LAWN CARE, LLC

2. (a) 3607 N. MONROE ST #180901 (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

TALLAHASSEE  
FL. 32318

10/17/18

C15000187724

3. Date of filing/registration in Florida

4. Document number

5. (a) Antonio Hughes

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3607 N. MONROE ST #180901

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32318

(b) Antonio Hughes

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3607 N. MONROE ST. #180901

**NEW Registered Office Address:**

TALLAHASSEE, FL 32318

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Antonio Hughes  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00