

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 16, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L97000001048**

1. Entity Name  
**HUGHES CORPORATE PRINTING, LLC**



Principal Place of Business  
**101 ORANGE CO. CIRCLE NE  
WINTER HAVEN, FL 33881**

Mailing Address  
**101 ORANGE CO. CIRCLE NE  
WINTER HAVEN, FL 33881**



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**62-1710265**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HUGHES, DWAIN E  
101 ORANGE CO. CIRCLE N.E.  
WINTER HAVEN, FL 33881**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HUGHES, DWAIN E
STREET ADDRESS	350 GREENFIELD ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	HUGHES, MICHELLE M
STREET ADDRESS	350 GREENFIELD ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000785558  
01/17/08-80005-014 138.75

**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

**1-11-08 863-297-7090**