

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90210 026 ****50.00

DOCUMENT # L98000000200

1. Entity Name

HUGH L. THOMPSON, L.C.



Principal Place of Business

225 S. TROPICAL TR., SUITE 7801
MERRITT ISLAND FL 32952

Mailing Address

225 S. TROPICAL TR., SUITE 7801
MERRITT ISLAND FL 32952

24010024



MOORE

CR2E083 (11/03)

2. Principal Place of Business

752 BAYSIDE DR

3. Mailing Address

752 BAYSIDE DR

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL, FL

Zip

32920

Country

U.S.A.

Zip

32920

Country

U.S.A.

4. FEI Number

59-3501297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, HUGH L
225 S. TROPICAL TR., #801
MERRITT ISLAND FL 32952-2866

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Hugh L. Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, HUGH L	
STREET ADDRESS	2728 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952-2866	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, PATRICIA	
STREET ADDRESS	2728 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952-2866	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hugh L. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb. 4, 04

Date

Daytime Phone #

321-784-0206