

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000187774

**Entity Name:** HUGHES LAWN CARE, LLC

**Current Principal Place of Business:**

3607 N MONROE ST. #180901  
TALLAHASSEE, FL 32318-7738

**Current Mailing Address:**

PO BOX 180901  
TALLAHASSEE, FL 32318 US

**FEI Number:** 47-5525928

**Certificate of Status Desired:** No

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

HUGHES, ANTONIO  
3607 N MONROE ST. #180901  
TALLAHASSEE, FL 32318-7738 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	HUGHES, ANTONIO L	Name	HUGHES, ANGIE ROCHELLE
Address	PO BOX 180901	Address	3153 ROBINSON OAK DR
City-State-Zip:	TALLAHASSEE FL 32318	City-State-Zip:	TALLAHASSEE FL 32303

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO HUGHES

**MGR**

**04/14/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date