

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331958

**Entity Name:** HUFF CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

4592 E HWY 20  
SUITE 1  
NICEVILLE, FL 32578

**Current Mailing Address:**

4592 E HWY 20  
SUITE 1  
NICEVILLE, FL 32578 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HUFF, CHANDLER J  
4592 E HWY 20  
SUITE 1  
NICEVILLE, FL 32578 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  
Name C AND C, LLC  
Address 4592 E HWY 20, SUITE 1  
City-State-Zip: NICEVILLE FL 32578

Title MGR  
Name ZHB, LLC  
Address 4592 E HWY 20, SUITE 1  
City-State-Zip: NICEVILLE FL 32578

*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:** CHANDLER JERRELL HUFF

**OWNER**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date