

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90102 028 \*\*\*\*50.00



**DOCUMENT # L04000014090**

1. Entity Name

**RYAN A. HEPWORTH, LLC**

Principal Place of Business

**2784 VENETIAN COURT  
 GULF BREEZE FL 32563**

Mailing Address

**2784 VENETIAN COURT  
 GULF BREEZE FL 32563**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**591 18 8235**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

**HEPWORTH, RYAN  
 2784 VENETIAN COURT  
 GULF BREEZE FL 32563**

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

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, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM**  Delete  
 NAME **HEPWORTH, RYAN A**  
 STREET ADDRESS **2784 VENETIAN COURT**  
 CITY - ST - ZIP **GULF BREEZE FL 32563**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
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 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:**

*[Handwritten Signature]*

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

**5-20-05**

Date

**850 9347084**

Daytime Phone #