

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000602**

1. Entity Name  
RR&D, L.L.C.



Principal Place of Business  
800 PLACIDO WAY NE  
ST. PETERSBURG, FL 33704

Mailing Address  
800 PLACIDO WAY NE  
ST. PETERSBURG, FL 33704



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3626538

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

HALL, RANDALL B  
800 PLACIDO WAY NE  
ST. PETERSBURG, FL 33704

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HALL, RANDALL  
800 PLACIDO WAY NE  
ST. PETERSBURG, FL 33704

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HALL, RICHARD  
87 DEFRANCE WAY  
GOLDEN, CO 80401

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HALL, DAVID  
7788 ORION STREET  
ARVADA, CO 80007

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000743321  
05/15/07-80105-005 50.00

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

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

4/26/07

Date

727-692-6163

Daytime Phone #