

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90032 010 \*\*\*\*50.00

5/4

**DOCUMENT # L00000002357**

1. Entity Name  
**R AND B, L.L.C.**



Principal Place of Business  
**1473 PERIWINKLE WAY  
SANIBEL, FL 33957**

Mailing Address  
**1473 PERIWINKLE WAY  
SANIBEL, FL 33957**

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-0425297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**PRITCHARD, WILLIAM L  
1473 PERIWINKLE WAY  
SANIBEL, FL 33957**

**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

*William L Pritchard*

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

(NOTE: Registered Agent signature required when transferring)

*2/20/06*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRITCHARD, ROGER C 1345 EAGLE RUN SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

*William L Pritchard*

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

Date

Daytime Phone #