

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90070 007 \*\*\*\*50.00

**DOCUMENT # L00000004712**



1. Entity Name  
**RUKAB BUILDERS "L.L.C."**

Principal Place of Business  
**3930 COASTAL HWY  
SAINT AUGUSTINE, FL 32084**

Mailing Address  
**3930 COASTAL HWY  
SAINT AUGUSTINE, FL 32084**

**24060744**

2. Principal Place of Business  
**3780 LAUREL STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**3780 LAUREL STREET**  
Suite, Apt. #, etc.



04142004 Chg-LLC CR2E083 (10/03)

City & State  
**ST. AUGUSTINE, FL**  
Zip  
**32084**  
Country  
**ST. JOHNS**

City & State  
**ST. AUGUSTINE, FL**  
Zip  
**32084**  
Country  
**ST. JOHNS**

4. FEI Number  
**59-3665073**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

**RUKAB, JOE C  
503 TWENTY SECOND ST  
ST AUGUSTINE, FL 32095**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3780 LAUREL STREET**  
City **ST. AUGUSTINE** **FL** Zip Code  
**32084**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
RUKAB, JOE  
3930 COASTLA HWY  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RUKAB, JOANNE  
3930 COASTAL HWY  
SAINT AUGUSTINE, FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
RUKAB, JOE  
3780 LAUREL STREET  
ST. AUGUSTINE, FL 32084** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
RUKAB, JOANNE  
3780 LAUREL STREET  
ST. AUGUSTINE, FL 32084** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:** *Joe Rukab* **4/26/04** **904 716 6295**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #