

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008162

1. Entity Name
R & R L.L.C.



Principal Place of Business
4829 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563

Mailing Address
4829 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563



05252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3637350

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROMILDA A
4829 SOUNDSIDE DRIVE
GULF BREEZE, FL 32561

**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 September 7, 2005**

U000000368885
06/02/05-80005-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SMITH, ROMILDA B
4829 SOUND SIDE DRIVE
GULF BREEZE, FL 32563

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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: *Romilda A Smith* *Romilda A Smith* 5-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #