

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000021268**

1. Entity Name  
**ROADS END, LLC**



Principal Place of Business  
**13815 57TH STREET S  
WEST PALM BEACH, FL 33414**

Mailing Address  
**600 KRYSTAL BUILDING  
CHATTANOOGA, TN 37402**

**DO NOT WRITE IN THIS SPACE**



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**80-0031467**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**STRIBLING, G. BOONE  
15885 MEADOWWOOD DR  
WELLINGTON, FL 33414**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CUZZORT, PAMALA K  
600 KRYSTAL BUILDING  
CHATTANOOGA, TN 37402**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JOHNSTON JR, SK  
600 KRYSTAL BLDG  
CHATTANOOGA, TN 37402**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
JOHNSTON, GILLIAN E  
600 KRYSTAL BLDG  
CHATTANOOGA, TN 37402**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

0000001194215  
01/25/05-80094-007 50.00

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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: Pamala K Cuzzort, MGR**

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

**1-19-05**

Date

**423 756 1202**

Daytime Phone #