

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90030 034 ****50.00

DOCUMENT # L01000021277

1. Entity Name
RAM'S SPORTS, LLC



Principal Place of Business
**2909 E CERVANTES ST
PENSACOLA, FL 32503**

Mailing Address
**3310 LOGAN DRIVE
PENSACOLA, FL 32503**



2. Principal Place of Business

3. Mailing Address

2909 E. Cervantes Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Pensacola, Fl

4. FEI Number

52-2360503

Applied For

Not Applicable

Zip

Country

Zip

Country

32503

Escambia

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYBOUN, MICHAEL C
105 E. GREGORY SQUARE
PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME
STREET ADDRESS **HALSTEAD, PAMELA**
CITY - ST - ZIP **3310 LOGAN DRIVE
PENSACOLA, FL 32503**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **585 Bay Cliff Circle**
CITY - ST - ZIP **Gulf Breeze, Fl 32561**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-23-06 850-580-33