

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000016823

1. Entity Name
R RECORDS LLC



Principal Place of Business

1488 VICTORIA DRIVE
WESTON, FL 33327

Mailing Address

1488 VICTORIA DRIVE
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
35-2191408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALL, ROBIN
1488 VICTORIA DRIVE
WESTON, FL 33327

**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 resigning)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME GALL, ROBIN
STREET ADDRESS 1488 VICTORIA ISLE DR
CITY-ST-ZIP WESTON, FL 33327

TITLE P
NAME GALL, STEVEN
STREET ADDRESS 1488 VICTORIA ISLE DR
CITY-ST-ZIP WESTON, FL 33327

TITLE P
NAME HAMILTON, RUSSELL
STREET ADDRESS 1488 VICTORIA ISLE DR
CITY-ST-ZIP WESTON, FL 33327

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05/05/04-80029-014 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #