

FILED
Apr 26, 2007 8:00 am
Secretary of State

4/1

04-11-2007 90159 044 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000020287

1. Entity Name
R & R ENTERPRISES, LLC



Principal Place of Business
**415 N. WILDERROAD
PLANT CITY, FL 33566**

Mailing Address
**P.O. BOX 1836
PLANT CITY, FL 33564-1836**

00000011



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2065917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODERICK, ROBERT L
415 N. WILDER RD
PLANT CITY, FL 33566**

**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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RODERICK, ROBERT L
415 N. WILDERROAD
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RODERICK, DORIS L
415 N. WILDERROAD
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 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: *Robert L. Roderick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-23-07 **813-752-0901**
Date Signature Phone #