

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000029956

1. Entity Name
RUFFWATERS, LLC



FILED

2004 OCT 11 PM 4:06

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
3501-B N. PONCE DELEON BLVD.
SUITE 254
ST. AUGUSTINE, FL 32084 US

Mailing Address
3501-B N. PONCE DELEON BLVD.
SUITE 254
ST. AUGUSTINE, FL 32084 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09302004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

BLACKARD, WILLIAM R JR
2468 ATLANTIC BLVD
JACKSONVILLE, FL 32207

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WOODRUFF, GEORGE B CAPT
3554 PONCE DE LEON BLVD #254
SAINT AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3501-B N. PONCE DELEON BLVD. # 254
ST. AUG. FL. 32084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELIZABETH W WOODRUFF
3501-B N. PONCE DELEON BLVD. # 254
ST. AUGUSTINE, FL. 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ELIZABETH W. WOODRUFF
3501-B N. PONCE DELEON BLVD. # 254
ST. AUGUSTINE, FL. 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
000041780420
10/11/04--01049--015 **\$50.00 ☐ Change ☐ Addition

TITLE
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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:

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

10/7/04 904-826-3326
Date Daytime Phone #