

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000029956**

1. Entity Name  
**RUFFWATERS, LLC**



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**



01032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	WOODRUFF, GEORGE B CAPT
STREET ADDRESS	3501-B N. PONCE DELEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	VP
NAME	WOODRUFF, ELIZABETH W
STREET ADDRESS	3501-B N. PONCE DELEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000774416  
01/07/08-80013-024 138.75

**DO NOT WRITE  
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:**

*Capt. George B. Woodruff*

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

*1/3/2008*

Date

*904-826-3327  
904-662-7792*

Daytime Phone #