2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 02, 2004 8:00 am Secretary of State

DOCUMENT # L03000005009				Secretary of State
1. Entity Name RC AND ASSOCIATES, LLC				08-02-2004 90116 003 ****50.00
		"		
Principal Place of Business	Mailing Address			·
15688 93RD LANE N	15688 93RD LANE N	٠.	<u></u>	~ GUU11UPA
JUPITER, FL 33478	JUPITER, FL 33478		. 4.	
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Principal Place of Business /3205 (S Hw / / 3. Mailing Address				
Suite, Apt. #, etc. Suite //4	Suite 114			01092004 Chg-LLC CR2E083 (10/03)
Sity & State Beach Fla	City & State			4. FEI Number Applied For Not Applicable
Zip 37408 Country 45.4	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Curren	t Registered Agent		Nama	7. Name and Address of New Registered Agents 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANN, ROBERT J			Name: San	
15688 93RD LANE N	r		Street Address (F	P.O. Box Number is Not Acceptable)
PUPITER, FL 33478		F		1
1 PA GUNTAN E	a service of		City	
			1	FL Zip Code
 The above named entity symmetry this statement f the obligations of registered agent. 	or the purpose of changing its	registered	office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
				7/12/04
SIGNATURE Signature, typed of printed name of registered agen	at and title if applicable. (NOTE	: Registered /	Agent signature required	when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State
9. MANAGING MEMB		10.		ADDITIONS/CHANGES
TITLE MANAGING ME	MBEAL Delete	TITLE		☐ Change ☐ Addition
NAME BUSENT GAMN, STREET ADDRESS 1568 9318 LN	, <i>I</i> U	NAME	ADORESS	
	33478	CITY-S		
THE MANAGER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME CANOL GAWR	NN	NAME		
STREET ADDRESS CITY-ST-ZIP	27.176	STREET CITY-S	ADDRESS T_7IP	
TITLE TITLE		TITLE	1-24	□ (h □ 544%
NAME	La Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			ADDRESS	
CHY-ST-ZIP		CITY-S	T-ZIP	
TITLE NAMÉ	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			ADDRESS	
CITY-ST-ZIP	to the same of the	CITY-SI	I-ZIP	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET	ADDRESS	·
CITY-ST-ZIP	•	CITY-ST	I	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP	/ /	STREET A	ADDRESS	•
11. I hereby certify that the information supplies with	this filing does not qualify for t	the evem	ation stated in Sect	tion 119 07/3V(i) Florida Statutes further partity that the infer
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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
	e ompowered to execute this re	eport as re	equired by Chapte	er 608, Florida Statutes.
SIGNATURE:	e empowered to execute this re	eport as re	equired by Chapte	7/13/04 561-624-0004