

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90106 035 ****50.00

DOCUMENT # L03000009449

1. Entity Name

RED'S RUSTY ROOSTER, L.L.C.



Principal Place of Business

324 E. BEACH DR., UNIT 600
PANAMA CITY FL 32401

Mailing Address

PO BOX 1307
PANAMA CITY FL 32402

2. Principal Place of Business

1515 ST. ANDREWS BLVD

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

PANAMA CITY, FL

City & State

FLORIDA

4. FEI Number

41-2085599

Applied For

Not Applicable

Zip

32405

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, CLIFFORD E
324 E. BEACH DR., UNIT 600
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: OWNER
NAME: CLIFFORD E. HOLLAND
STREET ADDRESS: 324 E. BEACH DR UNIT 600
CITY-ST-ZIP: PANAMA CITY, FL 32402

☐ Delete

TITLE: OWNER
NAME: BETH G. HOLLAND
STREET ADDRESS: 324 E. BEACH DR UNIT 600
CITY-ST-ZIP: PANAMA CITY, FL 32402

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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

Date

Daytime Phone #

BETH G. HOLLAND
BETH G. HOLLAND

2-6-04

850-763-1300