

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90065 033 \*\*\*\*50.00

**DOCUMENT # L03000009449**

1. Entity Name  
**RED'S RUSTY ROOSTER, L.L.C.**



Principal Place of Business

**1515 ST. ANDREWS BLVD  
PANAMA CITY, FL 32405**

Mailing Address

**PO BOX 1307  
PANAMA CITY, FL 32402**

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**41-2085599**

Applied For  
Not Applicable

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**

**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

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	WN HOLLAND, CLIFFORD E 324 E. BEACH DR. UNIT 600 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WN HOLLAND, BETH G 324 E. BEACH DR UNIT 600 PANAMA CITY, FL 32402
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**DO NOT WRITE  
IN THIS SPACE**

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:** Beth G. Holland BETH G. Holland 6-29-05 850-763-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #