

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 24, 2004 8:00 am**  
**Secretary of State**

09-24-2004 90037 002 \*\*\*\*50.00

**DOCUMENT # L03000015512**

1. Entity Name  
R. S. DEVELOPERS, LLC



Principal Place of Business  
315 COQUINA AVENUE  
ORMOND BEACH, FL 32174

Mailing Address  
315 COQUINA AVENUE  
ORMOND BEACH, FL 32174

**24086261**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

COURTEAUX, STEPHEN  
63 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174

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  
MGRM  
COURTEAUX, R. J  
315 COQUINA AVENUE  
ORMOND BEACH, FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COURTEAUX, CHARLOTTE  
315 COQUINA AVENUE  
ORMOND BEACH, FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COURTEAUX, STEPHEN  
63 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGMR  
COURTEAUX, MARY T  
63 SHADOW CREEK WAY  
ORMOND BEACH, FL 32174 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:** *Stephen Courteaux*

*Steve Courteaux 386-672-4900*

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

Date

Daytime Phone #