

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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



04182006No Chg-LLC

CR2E083 (11/05)

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

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

**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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COURTEAUX, R. J
315 COQUINA AVENUE
ORMOND BEACH, FL 32174

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

05/05/06-80118-005 50.00

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: *Charlotte Courteaux* **CHARLOTTE COURTEAUX** **4/19/06** **36-673-9905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #