


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 018 ****50.00

DOCUMENT # L03000016915

1. Entity Name
RUTH M. TRUITT CONSULTING, L.L.C.



Principal Place of Business Mailing Address
83 WOODSIDE DRIVE **83 WOODSIDE DRIVE**
LAKELAND, FL 33813 **LAKELAND, FL 33813**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number
77-3090711 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



6. Name and Address of Current Registered Agent

CHANEY, DOUGLAS C
83 WOODSIDE DRIVE
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name **Ruth M TRUITT**
 Street Address (P.O. Box Number is Not Acceptable)
83 Woodside Drive
 City **Lakeland** **FL** Zip Code **33813**

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 *Ruth M Truitt* **Ruth M TRUITT** 7/27/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Ruth M Truitt 83 Woodside Drive Lakeland FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ruth M Truitt* **Ruth M Truitt** 7/27/04 863-676-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #