2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State
03-29-2005 90118 007 ****50.00

DOCUMENT # L03000022349

1. Entity Name
DOUBLE S RANCH, LLC

Principal Place of Business	Mailing Address
PO BOX 570 BARTOW FL 33831	PO BOX 570 BARTOW FL 33831

2. Principal Place of Business: 4305 US Hwy 17 South
Suite, Apt. #, etc.:
City & State: BARTOW, FL
Zip: 33830 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

1st MOORE CR2E083 (10/04)

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STEVENS, JAMES B~~ Stevens, James B,
~~PO BOX 570~~ 6632 NW 150th Ave
~~BARTOW FL 33831~~ Morriston, FL 32668

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 _____ Date

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STEVENS, JAMES B PO BOX 570 BARTOW FL 33831	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition President Stevens, James B. 4305 US Hwy 17 South BARTOW, FL 33830
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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: James B. Stevens 3-24-05 863-533-0123
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

The business physical address is: 4305 US Hwy 17 South

James B Stevens-Live @
6632 NW 150th Ave
Morriston FL.
32668

Our mailing address:
P.O. Box 570
Bartow FL 33831