


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022488
1. Entity Name
R.R.S., LLC



Principal Place of Business 2411 SE 27TH STREET OCALA, FL 34471	Mailing Address 2411 SE 27TH STREET OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3097013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RUNAGER, BRENNAN
5411 SE 27TH ST.
OCALA, FL 34471

**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: *Brennan Runager* BRENNAN RUNAGER DATE: 1-11-06
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUNAGER, BRENNAN W 2411 SE 27TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHELNUTT, MARK D 724 SE 15TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLUM, CRAIG 1520 SE 24TH AVE OCALA, FL 34471
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/06-80042-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Brennan Runager* BRENNAN RUNAGER DATE: 1/11/06 352-867-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #