

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90075 020 ***138.75

DOCUMENT # L03000032798

1. Entity Name
RR OF BAY COUNTY, LLC



Principal Place of Business

250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

Mailing Address

250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

DO NOT WRITE IN THIS SPACE



03192008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
61-1519645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, CHRISTINE L
250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCLAUGHLIN, CHRISTINE L PRES
STREET ADDRESS	250 ESCANABA AVE.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGR
NAME	ALLEN, CARL E V P
STREET ADDRESS	101 MONTE PALO AVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGR
NAME	OAKES, JASON SEC
STREET ADDRESS	21020 SENECA VIEW DR PO BOX 9975
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

378-08 (850) 234-5779