

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000033061

1. Entity Name

RUST FAMILY ENTERPRISES, LLC



Principal Place of Business

C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134

Mailing Address

C/O REGISTER & COMPANY, P.A.  
2600 DOUGLAS RD., STE. 604  
CORAL GABLES, FL 33134



03182005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0195502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIXON, SHARON Q  
C/O STEARNS WEAVER, MILLER, ET AL  
150 W. FLAGLER ST., STE. 2200  
MIAMI, FL 33130

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
RUST, ROBERT W  
2600 S. DOUGLAS RD., # 604  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U000000273374  
03/23/05-80026-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

3/18/2005 3054437200  
Date Daytime Phone #