

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000046023

1. Entity Name
RICK SPOONER LLC



Principal Place of Business
8300 WAKULLA SPRINGS RD.
TALLAHASSEE, FL 32305

Mailing Address
8300 WAKULLA SPRINGS RD.
TALLAHASSEE, FL 32305

FILED
05 FEB 17 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL 32305



02172005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
33-1076531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOONER, RICHARD
8300 WAKULLA SPRINGS RD.
TALLAHASSEE, FL 32305

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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

Richard Spooner

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	P
NAME	SPOONER, RICHARD
STREET ADDRESS	8300 WAKULLA SPRINGS RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	V
NAME	WARNER, MIKE
STREET ADDRESS	26 ANDREW SPEARS ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL
TITLE	MGRM
NAME	BISSELL, ARRON
STREET ADDRESS	8300 WAKULLA SPRINGS HWY
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200047029712
02/22/05--01013--022 **50.00

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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:

Richard Spooner

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

Date

Daytime Phone #