

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90120 016 \*\*\*\*50.00

DOCUMENT # L03000046353

1. Entity Name  
RJB, LLC



Principal Place of Business  
202 SE DADE STREET  
MADISON, FL 32340 US

Mailing Address  
202 SE DADE STREET  
PO BOX 1130  
MADISON, FL 32340 US

60031711



02192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc. 289 Shelby Ave  
City & State Madison Florida  
Zip 32340 Country USA

3. Mailing Address  
Suite, Apt. #, etc. PO Box 1130  
City & State Madison, FL  
Zip 32341 Country USA

4. FEI Number 20-0426732  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
DUPUIS, BRUCE C  
202 SE DADE STREET  
MADISON, FL 32340  
911 Address Change  
201 SW Dade St.  
Madison, FL 32340

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

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, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS  
TITLE NAME MGR  
STREET ADDRESS DUPUIS, BRUCE C  
CITY-ST-ZIP 202 SE DADE STREET  
MADISON, FL 32340  
911 Address Change  
201 SW Dade St.  
Madison FL 32340

10. ADDITIONS/CHANGES  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Bruce C. Dupuis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-31-2007 850 5246194  
Date Daytime Phone #