2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049762

1. Entity Name
RANDYSPRUILL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 27 PM 3:55

Principal Place of Business
219 ARBOR DR
PENSACOLA, FL 32534

Mailing Address
219 ARBOR DR
PENSACOLA, FL 32534

2. Principal Place of Business: 219 ARBOR DR
Suite, Apt. #, etc.: 219 ARBOR DR
City & State: PENSACOLA FL
Zip: 32534 Country: US

3. Mailing Address: 219 ARBOR DR
Suite, Apt. #, etc.
City & State: PENSACOLA FL
Zip: 32534 Country

04/26/04 60223 001 $47.00
07262004 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SPRUILL, ALEXANDER R
219 ARBOR DR
PENSACOLA, FL 32534

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: Alexander R Spruill — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — 7-27-04 DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPRUILL, ALEXANDER R 219 ARBOR DR PENSACOLA, FL 32534	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Alexander R Spruill — 7-27-04 — 850 712558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FROM : FAX NO. :850 623 5713 Jul. 27 2004 12:34PM P2