2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-10-2004 90014 010 ****50.00

DOCUMENT # L03000050077

1. Entity Name

RONALD K. PETTIS LLC

34007720

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
1160 A PINEY GROVE ROAD CHIPLEY FL 32428 US	P O BOX 112 VERNON FL 32462 US

2. Principal Place of Business		3. Mailing Address	
SAME		1160 A PINEY GROVE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CHIPLEY, FL	
Zip	Country	Zip: 32428	Country

4. FEI Number: 20-0450721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTIS, RONALD K 1160 A PINEY GROVE ROAD CHIPLEY FL 32428	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETTIS, RONALD K		NAME		
STREET ADDRESS	1160 A PINEY GROVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Ronald K Pettis 5/7/04 638-8057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #