


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90233 038 \*\*\*143.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L03000050605</b> |  |
|--------------------------------|---|

1. Entity Name  
R & D SOUTH, LLC

Principal Place of Business  
2700 N BEACH RD #B203  
ENGLEWOOD, FL 34223 US

Mailing Address  
2700 N BEACH RD  
B203  
ENGLEWOOD, FL 34223 US

2. Principal Place of Business - No P.O. Box #  
5060 N BEACH RD UNIT 101

3. Mailing Address

Suite, Apt. #, etc.  
ENGLEWOOD FL

Suite, Apt. #, etc.  
UNIT 101

City & State

City & State  
ENGLEWOOD FL

Zip  
34223

Country  
USA

Zip  
34223

Country  
USA

04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
30-0185957

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEAUDOIN, DANIEL C  
2700 N BEACH RD  
B203  
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent

Name  
BEAUDOIN DANIEL C

Street Address (P.O. Box Number is Not Acceptable)  
5060 N BEACH RD

UNIT 101

City  
ENGLEWOOD FL Zip Code  
34223

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEAUDOIN, DANIEL C<br>2700 N BEACH RD #B203<br>ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BEAUDOIN DANIEL C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5060 N. BEACH RD UNIT 101<br>ENGLEWOOD, FL 34223 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BEAUDOIN, RUTH A<br>2700 N BEACH RD #B203<br>ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BEAUDOIN RUTH A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5060 N. BEACH RD UNIT 101<br>ENGLEWOOD, FL 34223   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Daniel C Beaudoin 04/03/08

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

Date

Daytime Phone #