

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90108 006 ****50.00

DOCUMENT # L03000050672

1. Entity Name

BRUCE D. RIDENOUR, LLC



Principal Place of Business

2758 CLAREMONT CIRCLE
JACKSONVILLE FL 32207

Mailing Address

2758 CLAREMONT CIRCLE
JACKSONVILLE FL 32207

2. Principal Place of Business

5751 DICKSON RD

Suite, Apt. #, etc.

3. Mailing Address

5751 DICKSON RD

Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)
201308245

City & State

JACKSONVILLE FL

Zip
32211

Country

DUVAL

City & State

JACKSONVILLE FL

Zip
32211

Country

DUVAL

4. FEI Number

201308245-59-3277420

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDENOUR, BRUCE D
2758 CLAREMONT CIRCLE
JACKSONVILLE FL 32207

Address change →

7. Name and Address of New Registered Agent

Name RIDENOUR, BRUCE D. LLC

Street Address (P.O. Box Number is Not Acceptable)

5751 DICKSON RD.

City JACKSONVILLE

FL

Zip Code
32211

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

Bruce D. Ridenour LLC (MGR) BRUCE D. RIDENOUR LLC (MGR)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RIDENOUR, BRUCE D
STREET ADDRESS 2758 CLAREMONT CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE MGRM
NAME SMITH, YANCY D
STREET ADDRESS 2758 CLAREMONT CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ 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 MGR
NAME RIDENOUR, BRUCE D
STREET ADDRESS 5751 DICKSON RD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Change ☐ Addition

TITLE MGRM
NAME Scott A. Watkins
STREET ADDRESS 1766 Mayfair RD
CITY-ST-ZIP Jacksonville Fla. 32207 ☐ 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: *Bruce D. Ridenour* LLC (MGR) 2-17-05 9045458937

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

Date

Daytime Phone #