

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

02-23-2004 90345 045 ****50.00

DOCUMENT # L03000052490

1. Entity Name
R & J FARM, LLC



Principal Place of Business
**108 SE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548**

Mailing Address
**108 SE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548**

34009174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0419159

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROCKMAN, KEITH L
108 SE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548**

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Manager
Keith L. Rockman
108 Eglin Parkway SE
Fort Walton Beach, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Managing Member
Frank Quaker
108 Eglin Parkway SE
Fort Walton Beach, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

7-6-04

Date

850 862-1900

Daytime Phone #

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/23/2004-90345-045-\$50.00-\$50.00

DOCUMENT # L03000052490					
1. Entity Name R & J FARM, LLC				<div style="font-size: 2em; font-family: cursive;">Attachment</div> <div style="font-size: 1.5em; font-family: cursive;">34009174</div> <div style="background-color: black; width: 100px; height: 30px; margin-top: 10px;"></div> <div style="margin-top: 10px;"> 02052004 Chg-LLC CR2E083 (10/03) </div>	
Principal Place of Business 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548		Mailing Address 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0419159	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROCKMAN, KEITH L 108 SE EGLIN PARKWAY FORT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when retaining)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Keith L. Rockman 108 Eglin Pkwy SE Ft. Walton Beach		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Keith L. Rockman (Managing Member) 108 Eglin Pkwy SE Ft. Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Rec'd "notice of Intent to Dissolve."		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Frank Walker (member) 108 Eglin Pkwy SE Ft. Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	I guess form was incorrectly completed. A new form is being submitted.		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Bonnie		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition	
I certify that the information furnished on this form is true and correct. I am a managing member or manager of the entity and I am authorized to sign this form.					
SIGNATURE: _____			2-20-04 850 862-1900		