2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L03000053356 1. Entity Name R&D HOLDINGS, LLC						Jan 24, 2005 08:00 Al Secretary of State					
Principal Plac	ce of Busines	s . ,	Ma	ailing Address	<u>.</u>		-				
2885 KENS TARPON SE	IGNTON TE PRINGS FL :	RCE = 34688		385 KENSIGNTON T ARPON SPRINGS FL							
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2. Principal Place of Business				3. Mailing Address]				
Suite, Apt. #, etc.				Suite, Apt #, etc.			<u>'</u>	1st MOORE	CR2E08	3 (10/04)	
City & State			(City & State			4. FEI Nut	mber 04 3791354		Ap	plied For
Zip Country -			Zip Cour		ntry	\$E.00		t Applicable			
C. Name and Address of Committee		t Bosiet	ristored Agont		, T	<u> </u>	ate of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent						Name	7. Name a	and Address of New R	gistered	Agent	
THADDEUS FREEMAN, PLLC 8150 CYPRESS GARDEN COURT LARGO FL 33777						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Code	<u> </u>
8. The above named entity submits this statement for the purpose of changing its registers						1	red agent or	hoth in the State of Ele	FL	1	
the obligat	tions of regist	ered agent.	o, 410 p.	sipodo di ondriging no	- egiotei	od omoc ar rogister	· ·	bout, in the diale of the	iua.) am	anima win,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agont	t and title it	applicable (NO)	E Registere	d Agent signature required	when reinslating)		DATE		
				FILE NO		FEE IS \$50.00					,- ,
1			M	lake Check Payab		orida Departmei ay 1, 2005	nt of State				
9. MANAGING MEMBERS / MANAGERS 10.						1 1, 2003		ADDITIONS/	CHÂNGES		
THE	MGRM			☐ Delete	Title	t				Change	Addition
NAME ANGELOCCI, RANDY STREET ADDRESS 2885 KENSINGTON TRCE				NAM STEL		E LI ADDRESS		U00000195063 U01/26/05-80013-010 5		55.00	
CITY-ST-ZIP		PRINGS FL 34688				-S1-71P					
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NAME				5000	NAM						
STREET ADDRESS CITY STI-ZIP						T ADDRESS ST- ZIP					
11. I hereby c indicated limited liab	ertify that the on this report bility compan	information supplied with is true and accurate and y or the receiver or trustee	this fillir that my e empov	ng does not qualify for signature shall have t wered to execute this r	the exer he same eport as	nption stated in Sec legal effect as if m required by Chapt	ction 119.07(2 ade under oa er 608, Florid	3)(i), Florida Statutes 1 i ath; that 1 am a managir a Statutes.	urther certing member	fy that the inf or manager	ormation of the

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Daytime Phone #