

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90011 020 ****50.00

DOCUMENT # L03000055961	
1. Entity Name RIP ENTERPRISES, LLC	



Principal Place of Business 9403 S. TRACE ROAD MILTON, FL 32583	Mailing Address 9403 S. TRACE ROAD MILTON, FL 32583
---	---

2. Principal Place of Business 9403 S. TRACE ROAD	3. Mailing Address 9403 S. TRACE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MILTON, FL	City & State MILTON, FL
Zip 32583 Country Santa Rosa	Zip 32583 Country Santa Rosa



02172004 Chg-LLC CR2E083 (10/03)

4. FEI Number		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent MILLER, DANA 5177 ELMIRA STREET MILTON, FL 32570		7. Name and Address of New Registered Agent 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 May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEWHURST-WALKER, ALISTAIR JOHN 9403 S. TRACE ROAD MILTON, FL 32583	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOOKKEEPER/SEC MARION FAIRLEY 6814 HUNT STREET MILTON, FL 32570	☐ 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
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:

Marion E. Fairley

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

4/29/04

Date

850-626-2279

Daytime Phone #

Cell: 850-293-0118