

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90141 016 \*\*\*\*50.00

DOCUMENT # L04000001761

1. Entity Name

R&R ENTERPRISES "LLC"



Principal Place of Business

2068 OLENTARY STREET  
SARASOTA FL 34231

Mailing Address

2068 OLENTARY STREET  
SARASOTA FL 34231

14025835



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

2068 OLENTARY ST  
Suite, Apt. #, etc.

2068 OLENTARY ST  
Suite, Apt. #, etc.

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEI Number  
592439076

Applied For  
Not Applicable

Zip Country  
34231 USA

Zip Country  
34231 USA

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

RIPPE, RAYMOND R  
2068 OLENTARY STREET  
SARASOTA FL 34231

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 *Raymond R. Rippe*

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

(NOTE: Registered Agent signature required when reinstating)

*July 11-04*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME RIPPE, RAYMOND R  
STREET ADDRESS 2068 OLENTARY STREET  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ASSISTANT MANAGER ☐ Change ☒ Addition  
NAME JACOB D REYNOLDS  
STREET ADDRESS 2319 Zito Ct.  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Raymond R. Rippe*

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

*July 11-04*  
Date

(941)921-3870

(941)322-4002  
Daytime Phone #