2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000001916

1. Entity Name

R & R TEXTURING LLC

Principal Place of Business	Mailing Address
3407 CR 121 BALDWIN FL 32234 US	3407 CR 121 BALDWIN FL 32234 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
3407 CR121	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baldwin FL.	City & State
Zip: 32234 Country: Nassau	Zip Country

4. FEI Number 38-3695237 ☐ Applied For ☐ Not Applic.

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
HODGES, BUFORD R 3407 CR 121 BALDWIN FL 32234	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HODGES, BUFORD R 3407 CR 121 BALDWIN FL 32234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000493245 04/19/06-80097-018 55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RHODEN, WILLIAM R 10233 NURSERY BOULEVARD GLEN ST. MARY FL 32040	☐ 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
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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 exemptions contained in Section 119, 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: Buford Hodges Buford Ray Hodges 1-20-06 904-266-9817