

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90286 014 *****50.00

DOCUMENT# L04000004586

1. Entity Name

RICHARD M. MCFATTER, LLC



Principal Place of Business

1209 WILSON AVE
PENSACOLA FL 32507

Mailing Address

1209 WILSON AVE
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

29581 County Rd. 65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9079 CARIBBEAN DR

City & State

PENSACOLA, FLORIDA

City & State

LOXLEY, ALABAMA

Zip

32506

Country

ESCAMBIA

Zip

36551

Country

BALDWIN

4. FEI Number

54-2142078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFATTER, RICHARD M
1209 WILSON AVE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

MCFATTER, RICHARD M.

Street Address (P.O. Box Number is Not Acceptable)

9079 CARIBBEAN DR.

City

PENSACOLA

FL

Zip Code

32506

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

James Shonley
Signature, typed or printed name of registered agent and title if applicable

See Bookkeeper / Treas.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME MCFATTER, RICHARD M
STREET ADDRESS 1209 WILSON AVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME MCFATTER, RICHARD M
STREET ADDRESS 9079 CARIBBEAN DR
CITY-ST-ZIP PENSACOLA, FLORIDA 32506

TITLE ☐ Change ☒ Addition
NAME MCFATTER JAMES R.
STREET ADDRESS 6458 COLONIAL DR
CITY-ST-ZIP MILTON, FLORIDA 32570

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James Shonley *FAITHOMLEY*

2.1.05

850-698-7750

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

Date

Daytime Phone #