

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000006049

1. Entity Name
RANGE ROAD, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10:43

Principal Place of Business
400 CLEVELAND STREET, 7TH FLOOR
CLEARWATER, FL 33755

Mailing Address
400 CLEVELAND STREET, 7TH FLOOR
CLEARWATER, FL 33755

2. Principal Place of Business
2120 Range Road
Suite, Apt. #, etc.

3. Mailing Address
2120 Range Road
Suite, Apt. #, etc.

06152005 Chg-LLC CR2E083 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
20-0882064

Applied For
Not Applicable

Zip
33765

Country

Zip
33765

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOHN P
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
King, Christopher C.
Street Address (P.O. Box Number is Not Acceptable)
2120 Range Road
City Clearwater FL Zip Code 33765

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

(NOTE: Registered Agent signature required when reinstating)

6/22/05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CPD	King, Christopher C.	136 Devon Drive	Clearwater Beach, FL 33765		
TD	King, Holly	136 Devon Drive	Clearwater Beach, FL 33765		

800056708338
06/29/05--01058--018 **50.00

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:

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

6/22/05 727-669-6972

Date

Daytime Phone #