

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90030 001 \*\*\*\*50.00

**DOCUMENT # L04000008922**

1. Entity Name

RUSSELL BAILEY AND SON LLC



Principal Place of Business

1101 N. SHANNON AVE.  
PLANT CITY FL 33563

Mailing Address

1101 N. SHANNON AVE.  
PLANT CITY FL 33563



2. Principal Place of Business

Russell Bailey & Son

Suite, Apt. #, etc.

2018 Pleasant Acre Dr

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Address

Russell Bailey & Son

Suite, Apt. #, etc.

2018 Pleasant Acre Dr

City & State

Plant City FL

Zip

33566

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

51-0497836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, RUSSELL G  
1101 N. SHANNON AVE.  
PLANT CITY FL 33563

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BAILEY, RUSSELL G  
STREET ADDRESS 1101 N. SHANNON AVE.  
CITY-ST-ZIP PLANT CITY FL 33563

TITLE MGRM ☐ Delete  
NAME BAILEY, RUSSELL S  
STREET ADDRESS 5801 N. BAILEY ROAD  
CITY-ST-ZIP PLANT CITY FL 33563

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 ☐ 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

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 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:**

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

Date

Daytime Phone #