

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000009392

1. Entity Name
AUNT RUTH, LLC



Principal Place of Business

**4801 N 9TH AVE
PENSACOLA, FL 32503**

Mailing Address

**10310 EDENDALE RD
CANTONMENT, FL 32533**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-LLC

CR2EQ83 (11/05)

4. FEI Number
54-2145934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMARCHE, EDMOND R
10310 EDENDALE RD
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LAMARCHE, DEANNA
10310 EDENDALE ROAD
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/06 00031 024 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Deanna L. Larche

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

Date

Daytime Phone #

3/29/06