2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 07, 2005 8:00 am
Secretary of State
04-18-2005 90078 026 ****50.00

DOCUMENT # L04000014177

1. Entity Name
RICHARD HEAD "LLC"

Principal Place of Business	Mailing Address
203 CHESTNUT STREET NEW SMYRNA BEACH FL 32168	203 CHESTNUT STREET NEW SMYRNA BEACH FL 32168

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number
203 Chestnut St.	P.O. Box 25	16-1668703 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required
City & State: New Smyrna Bch, Fl.	City & State: New Smyrna, Florida	
Zip: 32168 Country: Volusia	Zip: 32170 Country: Volusia	

6. Name and Address of Current Registered Agent

HEAD, RICHARD W
203 CHESTNUT STREET
NEW SMYRNA BEACH FL 32168

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 Richard W. Head - Owner [signature] 6-9-05
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER Richard Head LLC 203 Chestnut St. New Smyrna Bch, Fl. 32168 ☐ 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 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] - Richard W. Head. 4-2005 (386) 690-0781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
#L0400001477

Dear Sir. 30009953

I still work by myself.
I have no Employee's &
No Managers.
I am sole owner/worker
of said Name.

Thank you

Richard W. Head

Richard W. Head L.L.C.

P.S. I do not no what more you.
for this form.