

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2005 8:00 am
Secretary of State

07-25-2005 90043 001 ****50.00

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|---|--|--|--|---|--|
| DOCUMENT # L04000016673 1. Entity Name R.J. PATTERSON, LLC | | | | | |
| Principal Place of Business 305 E. LIVINGSTONE STREET MADISON FL 32340 | | | Mailing Address 305 E. LIVINGSTONE STREET MADISON FL 32340 | | |
| 2. Principal Place of Business 305 E LIVINGSTONE ST Suite, Apt. #, etc. | | 3. Mailing Address 305 E LIVINGSTONE ST Suite, Apt. #, etc. | | 1st MOORE CR2E083 (10/04) NO NOT HAVE APPLIED FOR | |
| City & State MADISON FL | | City & State MADISON FL | | 4. FEI Number 508012451307-6 | |
| Zip 32340 | | Country MADISON | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PATTERSON, RONALD J 305 E. LIVINGSTONE STREET MADISON FL 32340 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u><i>Ronald J Patterson</i></u> (NOTE: Registered Agent signature required when renewing) 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 | MGRM PATTERSON, RONALD J 305 E. LIVINGSTONE STREET MADISON FL 32340 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ronald J Patterson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |