

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90150 037 ****50.00

DOCUMENT # L04006033936

1. Entity Name

RH & PARTNERS, LLC



Principal Place of Business

**310 ARLINGTON AVENUE, SUITE 414
CHARLOTTE NC 28203**

Mailing Address

**310 ARLINGTON AVENUE, SUITE 414
CHARLOTTE NC 28203**

20006114



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

315 ARLINGTON Avenue

3. Mailing Address

315 ARLINGTON Avenue

Suite, Apt. #, etc.

Suite 1406

Suite, Apt. #, etc.

Suite 1406

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28203

Country

Zip

28203

Country

4. FEI Number

20-1081788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HESCO, CARRIE R
21 OLD KINGS ROAD N. B110
PALM COAST FL 32137**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HERRON, ROARK**
STREET ADDRESS **310 ARLINGTON AVENUE**
CITY-ST-ZIP **CHARLOTTE NC 28203**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **315 ARLINGTON Avenue, Suite 1406**
CITY-ST-ZIP **CHARLOTTE, NC 28203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 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

**ROARK HERRON
MGR.**

Date

Daytime Phone #

1/25/05

704-293-9343