

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90019 047 \*\*\*138.75

**DOCUMENT # L04000036811**

1. Entity Name  
**RUJO PROPERTIES II, LLC**



Principal Place of Business  
**11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317**

Mailing Address  
**11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317**

**50006454**



05062008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**21-3569174**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent:**

**BOWLING, JOHN WILLIAM JR  
11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGML  
BOWLING, JOHN WILLIAM JR  
11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGML  
BOWLING, SUZANNE M  
11167 TUNG GROVE RD.  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGML  
BOWLING, RUTH M  
11167 TUNG GROVE RD  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGML  
BOWLING, JONATHAN P MR  
11167 TUNG GROVE RD  
TALLAHASSEE, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

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

**5-06-08**

Date

**850-591-0257**

Daytime Phone #