


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

150.00

DOCUMENT # L04000041913		
1. Entity Name RRS CONSTRUCTION, LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 PM 12:11

Principal Place of Business 3217 PARKHILL AVENUE SPRING HILL FL 34609	Mailing Address 3217 PARKHILL AVENUE SPRING HILL FL 34609
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2. Principal Place of Business 3217 PARKHILL AVE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

[Signature]

1st MOORE CR2E083 (10/04)

City & State SPRINGHILL FL	City & State FLORIDA	4. FEI Number 20-1224786	Applied For Not Applicable
Zip 34609	Country HERNANDO	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, RICKY 3217 PARKHILL AVENUE SPRING HILL FL 34609	
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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 _____ (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	MGRM RODRIGUEZ, RICKY 3217 PARKHILL AVENUE SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000061519550 11/17/05--01045--005 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

[Signature: Ricky Rodriguez]

9/11/05 688-2808