

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 22, 2006 8:00 am
Secretary of State

02-27-2006 90432 008 ****55.00

DOCUMENT # L04000042544 1. Entity Name FOR "R" ENTERPRISES, LLC						
Principal Place of Business 9550 16TH STREET NORTH SAINT PETERSBURG, FL 33716-4217			Mailing Address 9550 16TH STREET NORTH SAINT PETERSBURG, FL 33716-4217			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
TULLO, ANDREA 4301 ANCHOR PARKWAY STE. 300 TAMPA, FL 33634				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 _____						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	R'CLUB CHILD CARE, INC.			NAME		
STREET ADDRESS	9550 16TH STREET NORTH			STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 337164217			CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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 606, Florida Statutes.						
SIGNATURE: <u>Daniel R. Lee</u> DANIEL R. LEE - Fiscal Services Div. 2/29/06 727-578-5437						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____						



ATTACHMENT REC'D MAR 10 2006
30002839

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

FOR "R" ENTERPRISES, LLC
9550 16TH STREET NORTH
SAINT PETERSBURG, FL 33716-4217

Subject: **FOR "R" ENTERPRISES, LLC**

Reference Number: **L04000042544**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION