## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

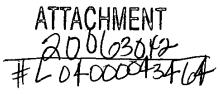
## FILED Jul 13, 2005 8:00 am **Secretary of State**

07-13-2005 90110 009 \*\*\*\*50.00 **DOCUMENT #** 1. Entity Name R. AND ASSOCIATES, LLC 20063042 2. Principal Place of Business 3. Mailing Address 4760 SARAZEN DRIVE 4760 SARAZEN DRIVE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State HOLLYWOOD, FL City & State HOLLYWOOD, FL 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33021 33021 US Fee Required 7. Name and Address of Current Registered Agent Name LISA ROURKE DOMOTAVRITE Street Address (P.O. Box Number is Not Acceptable) 4760 SARAZEN DRIVE City Zip Code HOLLYWOOD 33021 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, J am familiar with, and accept the obligations of registered agent. **LISA ROURKE** 7/1/2005 DATE Signature, typed or printed name of registered agent and title if applicable. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM LISA ROURKE NAME **4760 SARAZEN DRIVE** STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 Ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**LISA ROURKE** 

7/1/2005 Date

Daytime Phone #



20423 State Road 7 F-6PBMB 290 Boca Ration, FL 33498 561-483-6888 Tele. 561-483-0054 Fax

## SKS and Associates

To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for Resolves, Land we have enclosed a check in the amount of 50. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May 1.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS and Associates