

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90022 005 ***138.75

DOCUMENT # L04000049691

1. Entity Name
RC ENTERPRISES OF PENSACOLA, L.L.C.



Principal Place of Business
2810 COPTER ROAD
PENSACOLA, FL 32514

Mailing Address
P.O. BOX 7548
PENSACOLA, FL 32534

00000000J



2. Principal Place of Business - No P.O. Box #

2814-A Copter Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State

Pensacola, FL

City & State

4. FEI Number
90-0190657

Applied For
Not Applicable

Zip

32514

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTON, C. WAYNE
2810 COPTER ROAD
PENSACOLA, FL 32514

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBERTSON, WILSON	
STREET ADDRESS	P.O. BOX 7548	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COTTON, C. WAYNE	
STREET ADDRESS	P.O. BOX 7548	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1-4-08

850-476-7986