

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90027 041 ***138.75

DOCUMENT # L04000064519

1. Entity Name
RUSS NOYES, LLC



Principal Place of Business
**1225 BENNETT DR
SUITE 138
LONGWOOD, FL 32750**

Mailing Address
**PO BOX 521387
LONGWOOD, FL 32752**

60029284



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

3. Mailing Address

01042008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-1516607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOYES, RUSSELL L
403 MURPHY ROAD
WINTER SPRINGS, FL 32708**

Name **NOYES, RUSSELL L**

Street Address (P.O. Box Number is Not Acceptable)

3349 COE AVENUE

City **ORLANDO**

FL

Zip Code **32806**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **NOYES, RUSSELL L**
STREET ADDRESS **403 MURPHY ROAD**
CITY-ST- ZIP **WINTER SPRINGS, FL 32708**

TITLE **MGR** ☒ Change ☐ Addition
NAME **NOYES, RUSSELL L**
STREET ADDRESS **3349 COE AVENUE**
CITY-ST- ZIP **ORLANDO, FL 32806**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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:

Russ Noyes

RUSSELL L. NOYES

4/16/08

407-388-7700

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

Date

Daytime Phone #