

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000077185

1. Entity Name

R & R SERVICES, LLC



FILED
Aug 18, 2008 08:00 AM
Secretary of State



Principal Place of Business 404 MARIMAR ST. LAKELAND FL 33813	Mailing Address 404 MARIMAR ST. LAKELAND FL 33813
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 26-0098702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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2nd MOORE CR2E083 (4/08)

6. Name and Address of Current Registered Agent ABDIEL, RIVERA 404 MARIMAR ST. LAKELAND FL 33813	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM RIVERA, ABDIEL 404 MARIMAR ST LAKELAND FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000957931 08/18/08-80009-001 138.75
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Abdiel Rivera* 8/12/08 863-661-7721