

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90034 009 \*\*\*\*50.00

**DOCUMENT # L04000084769**

1. Entity Name  
**OSSACHITE DEVELOPMENT, LLC**



Principal Place of Business

**1515 RIVERSIDE AVENUE 3824 Betts Cr**  
**SUITE A**  
**JACKSONVILLE, FL 32204**  
**32210**

Mailing Address

**1515 RIVERSIDE AVENUE 3824 Betts Cr**  
**SUITE A**  
**JACKSONVILLE, FL 32204**  
**32210**



03152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1909698**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSHING, ROBERT K**  
**1515 RIVERSIDE AVENUE 3824 Betts Cr**  
**SUITE A**  
**JACKSONVILLE, FL 32204**  
**32210**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**RUSHING, ROBERT K**  
**1515 RIVERSIDE AVENUE, SUITE A**  
**JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ROBERT RUSHING**

**4/20/06**

**904 476-4076**