

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90013 033 ****50.00

DOCUMENT # L04000093481

1. Entity Name
R & L PROPERTIES OF BAY CO LLC



Principal Place of Business
**PO BOX 482
LYNN HAVEN, FL 32444 48**

Mailing Address
**PO BOX 482
LYNN HAVEN, FL 32444 48**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number

28-2058439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIESEMYER, HERMAN T
2605 N BONITA AVENUE
PANAMA CITY, FL 32401**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
LIESEMYER, HERMAN T
PO BOX 482
LYNN HAVEN, FL 32444**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
REYNOLDS, JEFFERY
PO BOX 482
LYNN HAVEN, FL 32444**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

HERMAN T. LIESEMYER

4-30-05

850-785-8191