

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093481

1. Entity Name

R & L PROPERTIES OF BAY CO LLC



Principal Place of Business

**PO BOX 482
LYNN HAVEN FL 32444**

Mailing Address

**PO BOX 482
LYNN HAVEN FL 32444**



1st MOORE

CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FC Number

28-2058439

Applied For

Not Applied

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LIESEMYER, HERMAN T
STREET ADDRESS PO BOX 482
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE MGR ☐ Delete
NAME REYNOLDS, JEFFERY
STREET ADDRESS PO BOX 482
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
000000515765
04/29/06-80227-002 50.00

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Herman T. Liesemyer* **HERMAN T. LIESEMYER** **4-13-06** **850-872-0904**