

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000093520

1. Entity Name
R & S COMPANY, LLC



Principal Place of Business
**4001 CLEARWATER LANE
JACKSONVILLE, FL 32223**

Mailing Address
**4001 CLEARWATER LANE
JACKSONVILLE, FL 32223**



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2160026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN & COMPANY, LC
5150 BELFORT RD. SOUTH
BUILDING 500
JACKSONVILLE, FL 32256**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, SUSAN A 4001 CLEARWATER LANE JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, RADFORD S 4001 CLEARWATER LANE JACKSONVILLE, FL 32223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/06/07-80004-013 50.00

**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:

Susan A. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/2/07 (904) 262-4398