

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90034 045 ****50.00

DOCUMENT # L05000003440

1. Entity Name
RED ROOF PROPERTIES, LLC



Principal Place of Business
**2113 AMARGO WAY
NAPLES, FL 34119**

Mailing Address
**2113 AMARGO WAY
NAPLES, FL 34119**



2. Principal Place of Business

8930 Colonnades Ct. E.

3. Mailing Address

8930 Colonnades Ct. E.

Suite, Apt. #, etc.

635

Suite, Apt. #, etc.

635

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34135

Country

Zip

34135

Country

04092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2144635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUINN, STEVE
2113 AMARGO WAY
NAPLES, FL 34119**

7. Name and Address of New Registered Agent

Name **Steve Quinn**

Street Address (P.O. Box Number is Not Acceptable)

8930 Colonnades Ct. E #635

City

Bonita Springs

FL

Zip Code

34135

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

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **QUINN, STEVE**
STREET ADDRESS **2113 AMARGO WAY**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8930 Colonnades Court E. #635**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/15/06 239-8250753
Date Daytime Phone #