

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-03-2006 90073 002 ****55.00

DOCUMENT # L05000009577					
1. Entity Name R & B LLC					
Principal Place of Business 4628 ALAMANDA DRIVE MELBOURNE FL 32940			Mailing Address 4628 ALAMANDA DRIVE MELBOURNE FL 32940		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2297347	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIRAN C HERNDON PA 800 VIRGINIA AVE 38-1 FORT PIERCE FL 34982				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 <i>Bernard L. Feldman</i>					
(NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FELDMAN, BERNARD L 4628 ALAMANDA DRIVE MELBOURNE FL 32940	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FELDMAN, RAMONA L 4628 ALAMANDA DRIVE MELBOURNE FL 32940	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 808, Florida Statutes.					
SIGNATURE: <i>Bernard L. Feldman</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <i>7-25-06</i> 321-751-3600					