# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 28, 2007 8:00 am**
**Secretary of State**
03-28-2007 90183 029 ****50.00

DOCUMENT # L05000021186

1. Entity Name
RR&J, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2559 BARRON COURT<br>SHALIMAR, FL 32579 | 2559 BARRON COURT<br>SHALIMAR, FL 32579 |

L00244424

03182007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
20-3294957
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MOORE, JAMES<br>2559 BARRON COURT<br>SHALIMAR, FL 32579 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 date

**Filing Fee is $50.00**
**Due by May 1, 2007**

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>MOORE, RAY<br>332 CANVASDASK ROAD<br>MIDDLETOWN, DE 19709 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>MOORE, RAY<br>26580 Jan Court South<br>Daphne, AL 36526 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>MOORE, ROY<br>202 STEPHEN AVE.<br>MARY ESTHER, FL 32569 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>MOORE, JAMES<br>2559 BARRON COURT<br>SHALIMAR, FL 32579 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Change ☐ Addition |

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:** James M. Moore 23Mar07 850-657-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #