

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

04-13-2006 90041 011 ****50.00

DOCUMENT # L05000031317 1. Entity Name R&R VALRICO, LLC					
Principal Place of Business 3810 COLD CREEK DRIVE VALRICO, FL 33594			Mailing Address P.O. BOX 1372 VALRICO, FL 33595		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROGOVIN, RICHARD E 3810 COLD CREEK DR. VALRICO, FL 33594				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 <u><i>Richard Rogovin</i></u> Richard Rogovin <u>4/10/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROGOVIN, RICHARD E 3810 COLD CREEK DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Richard Rogovin</i></u> Richard Rogovin <u>4/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



01042008 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2893782 Applied For ☐ Not Applicable ☐

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