

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90033 002 ****50.00

DOCUMENT # L05000032636 1. Entity Name RICK HAINES, LLC					
Principal Place of Business 2511 35TH AVE. N. ST. PETERSBURG, FL 33713			Mailing Address 2511 35TH AVE. N. ST. PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box # 3120 Yale st N Suite, Apt. #, etc.		3. Mailing Address 3120 Yale st N Suite, Apt. #, etc.			
City & State St Petersburg FL		City & State St Petersburg		4. FEI Number 20-3009697	
Zip Pinnellas		Zip 33713		Country Pinnellas	
6. Name and Address of Current Registered Agent HAINES, RICK 2511 35TH AVE. N. ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	MGR HAINES, RICK 2511 35TH AVE. N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Rick Haines 3120 Yale st N St Petersburg FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE: <u>Rick Haines</u> Rick Haines			Date 4-11-07		Daytime Phone # 727-599-6987