

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041385

Red RAIL PRODUCTIONS, LLC



FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 047 *****50.00

1. Office of Business 1204 GALLANT FOX WAY CHULUOTA, FL 32766		2. Mailing Address 1204 GALLANT FOX WAY CHULUOTA, FL 32766	
3. Office of Business etc.		3. Mailing Address Suite, Apt. #, etc.	
4. City & State		5. City & State	
6. Country	7. Zip	8. Country	9. Zip



03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number **75-3201428** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SON, LESLIE ALLANT FOX WAY CHULUOTA, FL 32766		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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I, 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 _____

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

Make check payable to
Florida Department of State

MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, LESLIE 1204 GALLANT FOX WAY CHULUOTA, FL 32766 <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"/> 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 *Leslie Anderson*