


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90140 049 \*\*\*\*50.00

<b>DOCUMENT # L05000050338</b> 1. Entity Name <b>RON FAIRCLOTH, L.L.C.</b>					
Principal Place of Business <b>2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>			Mailing Address <b>3525 NORCROSS LANE TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1655 Osprey Pointe Dr.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Zip <b>32308</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FAIRCLOTH, RONALD FRANK JR 2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>			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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reissuing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. FAIRCLOTH, RON F 2534 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308</b>	<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.					
<b>SIGNATURE:</b> <u>Ron Faircloth, L.L.C.</u> <u>2/6/07</u> <u>850-942-2795</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					