

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Mar 27, 2006 8:00 am
Secretary of State

02-27-2006 90433 010 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000105250					
1. Entity Name RUGPORT, LLC					
Principal Place of Business 200 NORTH BEACH STREET NORTH DAYTONA BEACH FL 32118			Mailing Address 200 NORTH BEACH STREET NORTH DAYTONA BEACH FL 32118		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL		4. FEI Number 20-3843361	
Zip 32114		Country		Applied For ☐ Not Applicable	
Zip 32114		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAHINIAN, RICHARD D 200 NORTH BEACH STREET NORTH DAYTONA BEACH FL 32118				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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAHINIAN, RICHARD D 518 KUMQUAT DRIVE ANNA MARIA FL 34218	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEDIAN, HAIG 1505 LOWE ROAD ALGONQUIN IL 60102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 Section 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 808, Florida Statutes.					
SIGNATURE: <i>Rdh SHH</i>			2-17-06 386-251-8550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		