


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90172 001 \*\*\*277.50

<b>DOCUMENT # L05000111371</b> 1. Entity Name <b>RRS HOLDINGS OF FLORIDA, LLC</b>					
Principal Place of Business <b>156 COVE DRIVE MIRAMAR BEACH, FL 32550</b>			Mailing Address <b>156 COVE DRIVE MIRAMAR BEACH, FL 32550</b>		
2. Principal Place of Business - No P.O. Box # <b>4947 E. CO. HWY. 30-A</b>		3. Mailing Address <b>4947 E. CO. HWY. 30-A</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SANTA ROSA BEACH, FL</b>		City & State <b>SANTA ROSA BEACH, FL</b>		4. FEI Number <b>20-3809531</b>	
Zip <b>32459</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURKE, M. TODD 215 GRAND BLVD., SUITE 101 BURKE, BLUE, HUTCHISON &amp; WALTERS, P.A. DESTIN, FL 32550</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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>MGR PORTER, R. RUSSELL II 156 COVE DR MIRAMAR BEACH, FL 32550</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			
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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: <u>R. Russell II</u> 4.29.08 850-231-5455</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					