

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90185 026 \*\*\*138.75

**DOCUMENT # L05000116758**

1. Entity Name

HOUSE OF THE RISING SUN, LLC



Principal Place of Business

4195 SOUTHSIDE BLVD., SUITE 103  
JACKSONVILLE, FL 32216

Mailing Address

4195 SOUTHSIDE BLVD., SUITE 103  
JACKSONVILLE, FL 32216

NEW: 12571 MASTERS RIDGE DR.  
JACKSONVILLE, FL 32225



04282008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3895488

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, TODD  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WILLIAMS, SONDRAE  
12571 MASTERS RIDGE DRIVE  
JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WILLIAMS, BOBBY RAY SR.  
12571 MASTERS RIDGE DRIVE  
JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Sondra E. Williams*

MGR

04-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #