2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 08, 2007 8:00 am Secretary of State DOCUMENT # L06000015510 1. Entity Name 04-10-2007 90081 050 ****50.00 R & K BOUNCEHOUSES, LLC Principal Place of Business Mailing Address 7080 NE 25 ST HIGH SPRINGS FL 32643 7080 NE 25 ST HIGH SPRINGS FL 32643 U U V - -) (1992) (1) (1987 | 1987 | 1988 | 1989 | 1989 | 1989 | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06). 4. FEI Number City & State Applied For City & State Nol Applicable Ζıp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSE, SCOTT 7080 NE 25 ST Street Address (P.O. Box Number is Not Acceptable) HIGH SPRINGS FL 32643 City 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 _____ to or printed name of registering spers and little 4 applicable. (NOTE: Repositing Agent signature regulary when registation) DATE FILE NOW!!! FEE IS \$50.00 . Make Check Payable to Florida Department of State . Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. and HILE MGRM □ Dalete ☐ Change Addition NAMI NAME ROSE, SCOTT STREET ADDRESS STREET ADDRESS 7080 NE 25 ST CITY-ST-71P CHY-S1-7P HIGH SPRINGS FL 32643 ☐ Delete ■ Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addilion NA ME STREET ADDRESS STRUET ADDRESS CITY - ST- ZIP CITY ST-71P mu ☐ Delete TIBLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST 7P CITY-ST-70P TITES ☐ Delete 11/11 ☐ Channe Addition NAM. STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY-SI-71P mu ☐ Defete 11111 ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CHY-ST-7P 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 eath; 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. 3/2/07 352-472-0166 ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE