FILED
Mar 30, 2007 8:00 am
Secretary of State
03-16-2007 90156 039 ****50.00

30003726

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000037160

1. Entity Name
R & R ACCENT, LLC

Principal Place of Business
4413 HANSARD AVENUE
NORTH PORT, FL 34286

Mailing Address
4413 HANSARD AVENUE
NORTH PORT, FL 34286

2. Principal Place of Business - No P.O. Box # 4413 HANSARD AVE.
Suite, Apt. #, etc.

3. Mailing Address 4413 HANSARD AVE
Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State: North Port, FL
Zip: 34286 Country: USA

City & State: North Port, FL
Zip: 34286 Country: USA

4. FEI Number 20-4654973 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RICHTER, PATRICIA
4413 HANSARD AVENUE
NORTH PORT, FL, FL 34286

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 Patricia A. Richter 1/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER
NAME	PATRICIA RICHTER
STREET ADDRESS	4413 HANSARD AVE
CITY-ST-ZIP	NORTH PORT, FL 34286

☐ Delete

10. ADDITIONS/CHANGES

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 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 registrant or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Patricia A. Richter 1/9/07 (941) 876-6529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #