

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

01-09-2008 90020 010 ***138.75

DOCUMENT # L07000016525

1. Entity Name
RLR OF WINTER HAVEN, LLC



Principal Place of Business
**1830 6TH STREET SE
WINTER HAVEN, FL 33880**

Mailing Address
**1830 6TH STREET SE
WINTER HAVEN, FL 33880**

30000458



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8427060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROWAN, RICHARD L
1830 6TH STREET SE
WINTER HAVEN, FL 33880**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

Richard Rowan MANAGER
1830 6th St SE
Winter Haven FL 33880-4439

☐ Delete

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CITY- ST- ZIP

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10. ADDITIONS/CHANGES

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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:

Richard L. Rowan

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

Date

Daytime Phone #