2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
13 MAR 21 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000072893

1. Entity Name
R & M67, LLC

Principal Place of Business	Mailing Address
140 15TH AVENUE N. ST. PETERSBURG, FL 33704 US	140 15TH AVENUE N. ST. PETERSBURG, FL 33704 US
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

10152013 Chg-LLC CR2E083 (12/11)

4. FEI Number: 27-0644014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ULRICH, SHAWN M 140 15TH AVENUE N. ST. PETERSBURG, FL 33704	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $538.75
Due by September 27, 2013

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ULRICH, SHAWN M 140 15TH AVENUE N. ST. PETERSBURG, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10/30/13--01029--001 **138.75 200253370132 10/30/13--01029--001 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Shawn M. Ulrich 10/21/2013 sulrich@tampabay.rr.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE E-MAIL ADDRESS

Corporations Payments Tools Activity rvarnadore

Information

Annual Report Filing History

Search By Document ID

l09000072893

Search

Session

Transaction ID	Description	Filing Stage
l09000072893-9836dbd7-8c56-4bf9-a9c5-6cac19a81843	Session file for l09000072893 with last modified date of 3/21/2013 1:17:58 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
3fa1d97f-a169-4571-806f-75ce581793d6	L09000072893	0	2	4/26/2010 12:00:00 AM
67978a01-cb6d-49f3-b784-6b316d85fda8	L09000072893	0	2	3/21/2011 12:00:00 AM
67c0df58-722d-4850-85d8-d619f21bab27	L09000072893	0	2	3/27/2012 12:00:00 AM
l09000072893-9836dbd7-8c56-4bf9-a9c5-6cac19a81843	L09000072893	138.75	0	3/21/2013 1:18:01 PM