

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90065 032 \*\*\*\*50.00

**DOCUMENT # L97000000829**

1. Entity Name

THE RUFFIN GROUP, L.C.



Principal Place of Business

350 E LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE FL 33301

Mailing Address

350 E LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3111 University Drive  
Suite, Apt. #, etc.  
1030

3. Mailing Address

3111 University Drive  
Suite, Apt. #, etc.  
1030

City & State

Coral Springs, FL  
Zip  
33065  
Country  
Broward, USA

City & State

Coral Springs, FL  
Zip  
33065  
Country  
Broward, USA



MOORE

CR2E083 (11/03)

4. FEI Number

65-0788433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUFFIN, JOHN JR  
350 E LAS OLAS BLVD  
SUITE 1220  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

John Ruffin, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3111 University Drive

Suite 1030

City

Coral Springs

FL

Zip Code

33065

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

Is this correct??

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RUFFIN, JOHN  
9650 NW 42ND ST  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
RUFFIN, DOROTHY L  
9650 NW 42 ST  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

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

Date

Daytime Phone #

4/7/04

954-341-6667